

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	Small Group		
Project Name/Number:	/		

Rate Information

Rate data applies to filing.

Filing Method:	Electronic
Rate Change Type:	%
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	New Product	%	%		2,252		%	%

State:

District of Columbia

Filing Company:

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI:

HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only

Product Name:

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/

Rate Review Detail

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other

Product Name: Small Group

Project Name/Number: /

COMPANY:

Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

HHS Issuer Id: 94506

Product Names: HMO, DHMO, HDHP, POS

Trend Factors:

FORMS:

New Policy Forms: DC-SG-HMO-FACE(01-14)HIX, DC-SG-POS-FACE(01-14)HIX, EOC-COVER (1-05), DC-SG-WRAP(01-14)HIX, KFHP-EOC COVER (01/10)DC, DCLG-ALL-TOC(1-05), DC-SG-SEC1(01-14)HIX, DC-SG-SEC2(01-14)HIX, DC-SG-SEC3(01-14)HIX, DC-SG-SEC3(01-14)HIX, DC-SG-SEC5(01-14)HIX, DC-SG-SEC6(01-14)HIX, DC-SG-SEC7(01-14)HIX, DC-SG-APP-DEF(01-14)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-14)HIX, DC-SG-GOLD-0-30-DENTAL-HMO-COST(01-14)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-14)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-1250-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-2000-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-14)HIX, DC-SG-GOLD-0-30-DENTAL-HMO-RX(01-14)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-14)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-14)HIX, DC-SG-SILVER-1250-35-DENTAL-DHMO-RX(01-14)HIX, DC-SG-SILVER-2000-35-DENTAL-DHMO-RX(01-14)HIX, DC-SG-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX, DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14)HIX, DC-SG-DENTAL-ADULT(01-14)HIX, DC-POS-AMEND(01-14)HIX

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

State: District of Columbia **Filing Company:** Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only
- Other

Product Name: Small Group

Project Name/Number: / **Change Period:** Quarterly

Member Months: 46,597

Benefit Change:

Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:

Total Incurred Claims:

Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 10,333,482.00

Projected Incurred Claims: 9,851,890.00

Annual \$: Min: 169.62 Max: 879.44 Avg: 249.33

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	Small Group		
Project Name/Number:	/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Small Group Rate Sheets		New		DC Small Group Exchange Rate Sheet All Quarters.pdf,

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2014
District of Columbia Small Group Exchange
Appendix I-A

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/20/Dental/Sig	KP DC Gold 1000/20/Dental/Sig	KP DC Gold 12500%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/30/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/30/POS/Dental/Sig
20 and Under	\$285.23	\$264.33	\$239.32	\$262.76	\$233.32	\$243.53	\$209.14	\$211.89	\$201.84	\$202.87	\$184.97	\$172.14	\$176.96	\$169.62	\$194.40
21	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
22	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
23	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
24	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
25	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
26	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
27	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
28	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
29	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
30	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
31	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
32	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
33	\$293.83	\$272.39	\$246.73	\$270.78	\$240.57	\$251.04	\$215.76	\$218.58	\$208.26	\$209.32	\$190.95	\$177.79	\$182.74	\$175.21	\$200.63
34	\$305.21	\$282.93	\$256.27	\$281.26	\$249.87	\$260.76	\$224.10	\$227.03	\$216.32	\$217.41	\$198.33	\$184.65	\$189.80	\$181.97	\$208.38
35	\$316.98	\$293.84	\$266.15	\$292.11	\$259.50	\$270.81	\$232.73	\$235.77	\$224.64	\$225.78	\$205.96	\$191.76	\$197.10	\$188.97	\$216.41
36	\$329.14	\$305.11	\$276.35	\$303.31	\$269.45	\$281.19	\$241.65	\$244.81	\$233.25	\$234.44	\$213.85	\$199.10	\$204.64	\$196.21	\$224.70
37	\$342.09	\$317.11	\$287.22	\$315.24	\$280.04	\$292.25	\$251.14	\$254.43	\$242.41	\$243.64	\$222.25	\$206.91	\$212.68	\$203.91	\$233.52
38	\$355.43	\$329.47	\$298.41	\$327.53	\$290.96	\$303.64	\$260.93	\$264.34	\$251.85	\$253.13	\$230.90	\$214.96	\$220.95	\$211.84	\$242.61
39	\$369.16	\$342.20	\$309.95	\$340.18	\$302.19	\$315.36	\$270.99	\$274.54	\$261.57	\$262.90	\$239.80	\$223.25	\$229.47	\$220.00	\$251.97
40	\$383.68	\$355.65	\$322.11	\$353.55	\$314.06	\$327.76	\$281.64	\$285.32	\$271.84	\$273.22	\$249.22	\$232.01	\$238.48	\$228.64	\$261.86
41	\$398.59	\$369.46	\$334.62	\$367.28	\$326.26	\$340.48	\$292.57	\$296.40	\$282.39	\$283.83	\$258.89	\$241.01	\$247.73	\$237.50	\$272.03
42	\$414.28	\$384.01	\$347.79	\$381.74	\$339.09	\$353.88	\$304.08	\$308.06	\$293.50	\$294.99	\$269.06	\$250.48	\$257.46	\$246.84	\$282.72
43	\$430.37	\$398.91	\$361.29	\$396.56	\$352.25	\$367.62	\$315.87	\$320.01	\$304.88	\$306.43	\$279.49	\$260.19	\$267.44	\$256.40	\$293.69
44	\$447.24	\$414.55	\$375.44	\$412.10	\$366.05	\$382.02	\$328.24	\$332.54	\$316.82	\$318.43	\$290.43	\$270.37	\$277.91	\$266.44	\$305.18
45	\$464.50	\$430.55	\$389.93	\$428.00	\$380.17	\$396.76	\$340.90	\$345.56	\$329.03	\$330.71	\$301.63	\$280.79	\$288.62	\$276.70	\$316.95
46	\$482.55	\$447.27	\$405.07	\$444.63	\$394.94	\$412.17	\$354.13	\$358.77	\$341.81	\$343.54	\$313.33	\$291.88	\$299.82	\$287.43	\$329.25
47	\$501.38	\$464.72	\$420.87	\$461.98	\$410.34	\$428.25	\$367.94	\$372.76	\$355.13	\$356.94	\$325.55	\$303.04	\$311.50	\$298.63	\$342.08
48	\$521.00	\$482.90	\$437.33	\$480.05	\$426.39	\$445.00	\$382.33	\$387.33	\$369.01	\$370.89	\$338.27	\$314.88	\$323.67	\$310.30	\$355.45
49	\$541.40	\$501.81	\$454.45	\$498.85	\$443.08	\$462.42	\$397.29	\$402.49	\$383.45	\$385.40	\$351.50	\$327.20	\$336.33	\$322.43	\$369.36
50	\$562.59	\$521.44	\$472.22	\$518.36	\$460.41	\$480.51	\$412.82	\$418.23	\$398.44	\$400.47	\$365.24	\$339.98	\$349.47	\$335.03	\$383.80
51	\$584.56	\$541.80	\$490.66	\$538.60	\$478.38	\$499.27	\$428.93	\$434.55	\$413.99	\$416.10	\$379.48	\$353.24	\$363.11	\$348.10	\$398.77
52	\$607.31	\$562.89	\$509.75	\$559.57	\$496.99	\$518.69	\$445.62	\$451.45	\$430.09	\$432.28	\$394.24	\$366.98	\$377.22	\$361.63	\$414.28
53	\$630.85	\$584.71	\$529.50	\$581.25	\$516.25	\$538.79	\$462.88	\$468.94	\$449.51	\$449.02	\$409.18	\$381.18	\$391.83	\$375.63	\$430.33
54	\$655.57	\$607.61	\$550.24	\$604.02	\$536.47	\$559.90	\$481.00	\$487.30	\$464.24	\$466.60	\$425.54	\$396.10	\$407.16	\$390.33	\$447.17
55	\$681.07	\$631.25	\$571.64	\$627.52	\$557.33	\$581.67	\$499.70	\$506.25	\$482.29	\$484.74	\$442.07	\$411.49	\$422.98	\$405.49	\$464.55
56	\$707.75	\$652.99	\$579.15	\$652.09	\$579.15	\$604.45	\$509.03	\$501.17	\$482.99	\$484.74	\$442.07	\$411.49	\$422.98	\$405.49	\$464.55
57	\$735.21	\$681.42	\$617.07	\$677.40	\$601.62	\$627.90	\$539.40	\$546.47	\$520.60	\$523.25	\$477.18	\$444.17	\$456.58	\$437.69	\$501.45
58	\$763.86	\$703.96	\$641.10	\$703.78	\$625.05	\$652.35	\$560.40	\$567.75	\$540.87	\$543.62	\$495.76	\$461.45	\$474.34	\$454.73	\$520.97
59	\$793.67	\$735.60	\$666.12	\$731.25	\$649.44	\$677.81	\$582.27	\$589.90	\$561.97	\$564.83	\$515.09	\$479.45	\$492.84	\$472.46	\$541.30
60	\$824.67	\$764.22	\$692.12	\$759.80	\$674.79	\$704.27	\$604.99	\$612.92	\$583.90	\$586.87	\$535.19	\$498.15	\$512.07	\$490.89	\$562.42
61	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35
62	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35
63	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35
64+	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective April 1, 2014
District of Columbia Small Group Exchange
Appendix II-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
Age	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/30/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/0%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POS/Dental/Sig
20 and Under	\$287.72	\$266.64	\$241.41	\$245.06	\$235.36	\$245.66	\$213.74	\$210.97	\$203.60	\$204.64	\$186.58	\$173.64	\$178.51	\$171.10	\$196.10
21	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
22	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
23	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
24	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
25	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
26	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
27	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
28	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
29	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
30	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
31	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
32	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
33	\$296.39	\$274.75	\$248.87	\$273.13	\$242.66	\$253.23	\$217.63	\$220.48	\$210.07	\$211.14	\$192.61	\$179.33	\$184.32	\$176.73	\$202.37
34	\$307.87	\$285.39	\$258.50	\$283.71	\$252.04	\$263.03	\$226.05	\$229.00	\$218.19	\$219.30	\$200.05	\$186.26	\$191.44	\$183.55	\$210.19
35	\$319.74	\$296.39	\$268.46	\$294.64	\$261.76	\$273.16	\$234.75	\$237.82	\$226.59	\$227.75	\$207.75	\$193.42	\$198.81	\$190.61	\$218.29
36	\$332.01	\$307.76	\$278.76	\$305.95	\$271.79	\$283.64	\$243.75	\$246.94	\$235.28	\$236.47	\$215.71	\$200.83	\$206.42	\$197.91	\$226.65
37	\$345.07	\$319.87	\$289.71	\$317.98	\$294.79	\$256.44	\$253.33	\$256.64	\$244.52	\$245.76	\$224.18	\$208.71	\$214.52	\$205.68	\$235.55
38	\$358.52	\$332.33	\$301.00	\$330.37	\$293.48	\$306.28	\$263.19	\$266.63	\$254.04	\$255.33	\$232.90	\$216.83	\$222.87	\$213.68	\$244.72
39	\$372.37	\$345.17	\$312.63	\$343.13	\$304.81	\$318.10	\$273.35	\$276.92	\$263.84	\$265.18	\$241.89	\$225.19	\$231.46	\$221.91	\$254.16
40	\$387.02	\$358.74	\$324.91	\$356.62	\$316.79	\$330.61	\$284.09	\$287.80	\$274.20	\$275.60	\$251.38	\$234.03	\$240.55	\$230.62	\$264.14
41	\$402.06	\$372.68	\$337.53	\$370.48	\$329.09	\$343.45	\$295.11	\$298.97	\$284.85	\$286.29	\$261.13	\$243.10	\$249.88	\$239.57	\$274.39
42	\$417.89	\$387.35	\$350.81	\$385.06	\$342.04	\$356.96	\$306.72	\$310.73	\$296.05	\$297.55	\$271.40	\$252.66	\$259.70	\$248.98	\$285.18
43	\$434.11	\$402.39	\$364.43	\$400.01	\$355.32	\$370.82	\$318.62	\$322.79	\$307.53	\$309.09	\$281.92	\$262.45	\$269.77	\$258.63	\$296.24
44	\$451.13	\$418.16	\$378.71	\$415.69	\$369.24	\$385.35	\$331.10	\$335.43	\$319.57	\$321.20	\$296.96	\$272.72	\$280.33	\$268.75	\$307.84
45	\$468.55	\$434.29	\$393.32	\$431.73	\$383.48	\$400.21	\$343.87	\$348.37	\$331.90	\$333.58	\$304.25	\$283.23	\$291.13	\$279.11	\$319.70
46	\$486.75	\$451.17	\$408.59	\$448.50	\$398.37	\$415.76	\$357.22	\$361.89	\$344.78	\$346.53	\$316.06	\$294.21	\$302.42	\$289.93	\$332.11
47	\$505.75	\$468.77	\$424.53	\$466.00	\$413.91	\$431.98	\$371.14	\$376.00	\$358.22	\$360.04	\$328.38	\$305.68	\$314.21	\$301.23	\$345.06
48	\$525.53	\$487.11	\$441.14	\$484.23	\$430.10	\$448.87	\$385.65	\$390.70	\$372.22	\$374.12	\$341.21	\$317.62	\$326.49	\$313.00	\$358.55
49	\$546.11	\$506.18	\$458.40	\$503.19	\$446.93	\$466.44	\$400.74	\$405.99	\$386.79	\$388.75	\$354.55	\$330.04	\$339.25	\$325.24	\$372.57
50	\$567.49	\$525.98	\$476.34	\$522.88	\$464.41	\$484.69	\$416.41	\$421.87	\$401.91	\$403.95	\$368.41	\$342.94	\$352.51	\$337.95	\$387.14
51	\$589.65	\$546.52	\$494.93	\$543.29	\$482.54	\$503.61	\$432.66	\$438.33	\$417.59	\$419.72	\$382.79	\$356.31	\$366.26	\$351.13	\$402.24
52	\$612.60	\$567.80	\$514.19	\$564.44	\$501.32	\$523.21	\$449.50	\$455.38	\$433.84	\$436.04	\$397.67	\$370.17	\$380.51	\$364.78	\$417.89
53	\$636.35	\$589.80	\$534.11	\$586.32	\$520.74	\$543.48	\$466.91	\$473.02	\$450.64	\$452.93	\$413.07	\$384.50	\$395.24	\$378.90	\$434.07
54	\$661.28	\$612.91	\$555.03	\$609.29	\$541.14	\$564.77	\$485.19	\$491.55	\$468.28	\$470.67	\$429.24	\$399.55	\$410.71	\$393.73	\$451.07
55	\$687.01	\$636.75	\$576.62	\$632.98	\$562.18	\$586.74	\$504.05	\$510.66	\$486.49	\$488.96	\$445.92	\$415.07	\$426.67	\$409.02	\$468.60
56	\$713.92	\$661.69	\$599.20	\$657.78	\$584.20	\$609.71	\$523.79	\$530.65	\$505.53	\$508.10	\$463.37	\$431.31	\$443.36	\$425.03	\$486.94
57	\$741.62	\$687.36	\$622.44	\$683.30	\$606.86	\$633.37	\$544.10	\$551.23	\$525.13	\$527.81	\$481.34	\$448.03	\$460.55	\$441.50	\$505.82
58	\$770.51	\$714.13	\$646.68	\$709.91	\$630.49	\$658.03	\$565.28	\$572.69	\$545.58	\$548.36	\$500.07	\$465.47	\$478.47	\$458.68	\$525.51
59	\$800.59	\$742.01	\$671.92	\$737.62	\$655.09	\$683.71	\$587.34	\$595.03	\$566.86	\$569.75	\$519.58	\$483.62	\$497.14	\$476.57	\$546.01
60	\$831.85	\$770.98	\$698.16	\$766.42	\$680.67	\$710.41	\$610.26	\$618.26	\$588.99	\$591.99	\$539.85	\$502.49	\$516.53	\$495.16	\$567.32
61	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44
62	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44
63	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44
64+	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Exchange
Appendix III-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
Age	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/30/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/0%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POS/Dental/Sig
20 and Under	\$290.23	\$268.96	\$243.52	\$267.37	\$237.41	\$247.80	\$212.81	\$215.61	\$205.38	\$206.43	\$188.21	\$175.16	\$180.06	\$172.60	\$197.81
21	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
22	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
23	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
24	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
25	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
26	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
27	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
28	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
29	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
30	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
31	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
32	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
33	\$298.97	\$277.14	\$251.03	\$275.51	\$244.76	\$255.43	\$219.52	\$211.89	\$212.97	\$194.28	\$180.88	\$185.92	\$178.26	\$204.13	\$223.84
34	\$310.54	\$287.87	\$260.75	\$286.17	\$254.23	\$265.31	\$228.01	\$230.99	\$220.09	\$221.20	\$201.79	\$187.87	\$193.10	\$185.14	\$212.02
35	\$322.52	\$298.97	\$270.80	\$297.21	\$264.03	\$275.54	\$236.79	\$239.89	\$228.56	\$229.72	\$209.55	\$195.10	\$200.53	\$192.27	\$220.18
36	\$334.89	\$310.44	\$281.18	\$308.61	\$274.15	\$286.10	\$245.87	\$249.08	\$237.32	\$238.52	\$217.58	\$202.57	\$208.21	\$199.63	\$228.61
37	\$348.07	\$322.65	\$292.23	\$320.74	\$284.93	\$297.35	\$255.53	\$258.87	\$246.64	\$247.89	\$226.12	\$210.52	\$216.38	\$207.46	\$237.59
38	\$361.64	\$335.23	\$303.62	\$333.25	\$296.03	\$308.94	\$265.48	\$268.95	\$256.25	\$257.55	\$234.93	\$218.71	\$224.81	\$215.53	\$246.84
39	\$375.61	\$348.17	\$315.35	\$346.12	\$307.46	\$320.87	\$275.73	\$279.33	\$266.13	\$267.49	\$243.99	\$227.14	\$233.47	\$223.84	\$256.37
40	\$390.39	\$361.86	\$327.74	\$359.73	\$319.55	\$333.48	\$286.56	\$290.30	\$276.59	\$277.99	\$253.57	\$236.06	\$242.64	\$232.63	\$266.44
41	\$405.56	\$375.92	\$340.47	\$373.70	\$331.96	\$346.43	\$297.68	\$301.57	\$287.32	\$288.78	\$263.40	\$245.21	\$252.05	\$241.65	\$276.77
42	\$421.52	\$390.72	\$353.87	\$388.41	\$345.02	\$360.07	\$309.39	\$313.44	\$298.62	\$300.14	\$273.76	\$254.85	\$261.96	\$251.14	\$287.66
43	\$437.89	\$405.89	\$367.60	\$403.49	\$358.41	\$374.04	\$321.39	\$325.60	\$310.20	\$311.78	\$284.37	\$264.73	\$272.11	\$260.88	\$298.81
44	\$455.06	\$421.80	\$382.00	\$419.31	\$372.45	\$388.70	\$333.98	\$338.35	\$322.35	\$323.99	\$295.51	\$275.09	\$282.76	\$271.09	\$310.51
45	\$472.62	\$438.07	\$396.74	\$435.49	\$386.82	\$403.70	\$346.86	\$351.40	\$334.78	\$336.48	\$306.90	\$285.69	\$293.66	\$281.53	\$322.49
46	\$490.99	\$455.09	\$412.15	\$452.41	\$401.84	\$419.38	\$360.32	\$365.04	\$347.78	\$349.55	\$318.81	\$296.77	\$305.05	\$292.45	\$335.00
47	\$510.15	\$472.85	\$428.23	\$470.06	\$417.51	\$435.74	\$379.27	\$379.27	\$361.34	\$363.17	\$331.23	\$308.34	\$316.94	\$303.85	\$348.06
48	\$530.11	\$491.35	\$444.98	\$488.45	\$433.84	\$452.78	\$389.01	\$394.10	\$375.46	\$377.37	\$344.18	\$320.38	\$329.33	\$315.72	\$361.67
49	\$550.87	\$510.59	\$462.39	\$507.57	\$450.82	\$470.50	\$409.52	\$409.52	\$390.15	\$392.14	\$357.64	\$332.91	\$342.21	\$328.06	\$375.81
50	\$572.43	\$530.56	\$480.48	\$527.43	\$468.46	\$488.91	\$425.54	\$405.41	\$407.47	\$407.47	\$371.62	\$345.92	\$355.58	\$340.89	\$390.51
51	\$594.78	\$551.28	\$499.24	\$548.03	\$486.74	\$508.00	\$436.43	\$442.15	\$421.23	\$423.37	\$386.12	\$359.41	\$369.45	\$354.18	\$405.74
52	\$617.94	\$572.74	\$518.67	\$569.36	\$505.69	\$527.77	\$453.41	\$459.35	\$437.61	\$439.84	\$401.13	\$373.39	\$383.82	\$367.95	\$421.52
53	\$641.89	\$594.94	\$538.77	\$591.42	\$525.28	\$548.22	\$470.97	\$477.14	\$454.56	\$456.88	\$416.67	\$387.84	\$398.68	\$382.19	\$437.85
54	\$667.04	\$618.25	\$559.87	\$614.59	\$545.85	\$569.69	\$489.41	\$495.83	\$472.36	\$474.76	\$432.98	\$403.02	\$414.28	\$397.15	\$454.99
55	\$692.99	\$642.29	\$581.64	\$638.50	\$567.08	\$591.85	\$508.44	\$515.10	\$490.72	\$493.22	\$449.80	\$418.68	\$430.38	\$412.58	\$472.68
56	\$720.14	\$667.45	\$604.42	\$663.51	\$589.28	\$615.02	\$528.35	\$535.27	\$509.93	\$512.53	\$467.41	\$435.07	\$447.22	\$428.73	\$491.18
57	\$748.08	\$693.35	\$627.87	\$689.25	\$612.14	\$638.88	\$548.84	\$556.03	\$529.71	\$532.40	\$485.53	\$451.93	\$464.56	\$445.35	\$510.23
58	\$777.23	\$720.36	\$652.32	\$716.10	\$635.98	\$663.77	\$570.21	\$577.68	\$550.33	\$553.13	\$504.43	\$469.52	\$482.64	\$462.68	\$530.09
59	\$807.57	\$748.47	\$677.78	\$744.05	\$660.80	\$689.67	\$592.45	\$600.22	\$571.80	\$574.71	\$524.10	\$487.83	\$501.46	\$480.72	\$550.77
60	\$839.10	\$777.70	\$704.24	\$773.10	\$686.60	\$716.60	\$615.58	\$623.65	\$594.12	\$597.14	\$544.56	\$506.86	\$521.03	\$499.48	\$572.26
61	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57
62	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57
63	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57
64+	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2014
District of Columbia Small Group Exchange
Appendix IV-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
Age	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/30/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/0%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POS/Dental/Sig
20 and Under	\$292.76	\$271.31	\$245.64	\$269.70	\$239.48	\$249.96	\$214.67	\$217.49	\$207.17	\$208.23	\$189.85	\$176.69	\$181.63	\$174.10	\$199.53
21	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
22	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
23	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
24	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
25	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
26	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
27	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
28	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
29	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
30	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
31	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
32	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
33	\$301.56	\$279.55	\$253.21	\$277.90	\$246.89	\$257.64	\$221.43	\$224.32	\$213.73	\$214.82	\$195.97	\$182.45	\$187.53	\$179.80	\$205.90
34	\$313.24	\$290.37	\$263.01	\$288.66	\$256.44	\$267.62	\$233.00	\$233.00	\$222.00	\$223.12	\$203.54	\$189.50	\$194.78	\$186.75	\$213.86
35	\$325.32	\$301.57	\$273.15	\$299.79	\$266.33	\$277.93	\$238.85	\$241.97	\$230.55	\$231.72	\$211.37	\$196.79	\$202.27	\$193.93	\$222.09
36	\$337.81	\$313.14	\$283.62	\$311.29	\$276.54	\$288.59	\$248.00	\$251.24	\$239.38	\$240.60	\$219.47	\$204.33	\$210.02	\$201.36	\$230.60
37	\$351.10	\$325.45	\$294.77	\$323.53	\$287.41	\$299.94	\$257.75	\$261.12	\$248.78	\$250.05	\$228.09	\$212.35	\$218.26	\$209.26	\$239.66
38	\$364.79	\$338.14	\$306.26	\$336.15	\$298.61	\$311.63	\$267.79	\$271.29	\$258.47	\$259.79	\$236.97	\$220.61	\$226.76	\$217.40	\$248.99
39	\$378.88	\$351.20	\$318.09	\$349.13	\$310.14	\$323.66	\$278.12	\$281.76	\$268.45	\$269.81	\$246.11	\$229.12	\$235.50	\$225.78	\$258.60
40	\$393.78	\$365.01	\$330.59	\$362.86	\$322.32	\$336.38	\$289.05	\$292.83	\$278.99	\$280.41	\$255.77	\$238.11	\$244.75	\$234.65	\$268.75
41	\$409.09	\$379.19	\$343.43	\$376.95	\$334.84	\$349.45	\$300.27	\$304.20	\$289.82	\$291.29	\$265.69	\$247.34	\$254.24	\$243.75	\$279.18
42	\$425.19	\$394.12	\$356.94	\$391.79	\$348.02	\$363.20	\$312.08	\$316.16	\$301.22	\$302.75	\$276.14	\$257.06	\$264.23	\$253.33	\$290.16
43	\$441.70	\$409.42	\$370.80	\$407.00	\$361.52	\$377.30	\$324.18	\$328.43	\$312.90	\$314.49	\$286.85	\$267.03	\$274.48	\$263.14	\$301.41
44	\$459.02	\$425.47	\$385.33	\$422.96	\$375.69	\$392.08	\$336.88	\$341.29	\$325.16	\$326.81	\$298.07	\$277.48	\$285.22	\$273.44	\$313.21
45	\$476.74	\$441.89	\$400.19	\$439.28	\$390.18	\$407.21	\$349.87	\$354.45	\$337.69	\$339.41	\$309.57	\$288.17	\$296.21	\$283.98	\$325.29
46	\$495.26	\$459.05	\$415.74	\$456.34	\$405.34	\$423.03	\$363.46	\$368.21	\$350.80	\$352.59	\$321.58	\$299.35	\$307.71	\$295.00	\$337.91
47	\$514.59	\$476.97	\$431.96	\$474.15	\$421.15	\$439.53	\$382.57	\$382.57	\$364.48	\$366.33	\$334.11	\$311.02	\$319.70	\$306.49	\$351.09
48	\$534.73	\$495.63	\$448.85	\$492.70	\$437.62	\$456.72	\$392.39	\$397.53	\$378.73	\$380.66	\$347.17	\$323.17	\$332.19	\$318.46	\$364.81
49	\$555.67	\$515.03	\$466.42	\$511.99	\$454.75	\$474.60	\$407.75	\$413.09	\$393.55	\$395.55	\$360.75	\$335.81	\$345.18	\$330.92	\$379.08
50	\$577.41	\$535.19	\$484.67	\$532.02	\$472.54	\$493.17	\$423.69	\$429.24	\$408.93	\$411.02	\$374.85	\$348.93	\$358.67	\$343.85	\$393.90
51	\$599.96	\$556.08	\$503.59	\$552.80	\$490.98	\$512.42	\$440.23	\$446.00	\$424.89	\$427.06	\$389.48	\$362.54	\$372.66	\$357.26	\$409.27
52	\$623.32	\$577.73	\$523.18	\$574.32	\$510.09	\$547.36	\$457.36	\$463.35	\$441.42	\$443.67	\$404.62	\$376.64	\$387.16	\$371.15	\$425.19
53	\$647.48	\$600.12	\$543.46	\$596.57	\$529.85	\$552.99	\$475.07	\$481.30	\$458.52	\$460.85	\$420.29	\$391.22	\$402.15	\$385.52	\$441.66
54	\$672.85	\$623.63	\$564.74	\$619.95	\$550.61	\$493.68	\$500.14	\$500.14	\$476.47	\$478.90	\$436.74	\$406.53	\$417.89	\$400.61	\$458.95
55	\$699.03	\$647.89	\$586.71	\$644.06	\$572.02	\$597.00	\$512.87	\$519.59	\$494.99	\$497.51	\$453.72	\$422.33	\$434.13	\$416.17	\$476.79
56	\$726.41	\$673.27	\$609.68	\$669.29	\$594.42	\$620.38	\$532.95	\$539.93	\$514.37	\$516.99	\$471.48	\$438.85	\$451.11	\$432.46	\$495.46
57	\$754.60	\$699.39	\$633.34	\$695.26	\$617.48	\$644.45	\$553.62	\$560.87	\$534.32	\$537.04	\$489.76	\$455.87	\$468.60	\$449.22	\$514.67
58	\$784.00	\$726.63	\$658.00	\$722.34	\$641.52	\$669.55	\$575.17	\$582.71	\$555.12	\$557.95	\$508.82	\$473.61	\$486.84	\$466.70	\$534.70
59	\$814.60	\$754.99	\$683.68	\$750.53	\$666.56	\$695.68	\$597.61	\$605.45	\$576.78	\$579.72	\$528.67	\$492.08	\$505.83	\$484.91	\$555.56
60	\$846.42	\$784.48	\$710.37	\$779.84	\$692.58	\$722.84	\$620.94	\$629.08	\$599.29	\$602.34	\$549.30	\$511.28	\$525.57	\$503.82	\$577.25
61	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75
62	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75
63	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75
64+	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	Small Group		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC 2014 Small Group Rate Filing Cover Letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC 2014 Small Group Actuarial Memorandum.pdf Small Group Exchange Index Development Product Level Group Datamart- DC Exhibits 1 - 14.pdf DC Small Group Exchange Rate Sheet All Quarters.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Please see page 7 of the attached document
Attachment(s):	DC 2014 Small Group Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	

State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	Small Group		
Project Name/Number:	/		

Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Not applicable
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	DC 2014 Small Group Actuarial Memorandum.pdf Small Group Exchange Index Development Product Level Group Datamart- DC Exhibits 1 - 14.pdf DC Small Group Exchange Rate Sheet All Quarters.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	DC Small Group plan_management_data_templates_unified_4_15.xlsm DC Small Group plan_management_data_templates_unified_4_15.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Value Template
Comments:	
Attachment(s):	av-input-chart-revised_KPMAS_SG.pdf
Item Status:	

SERFF Tracking #:	KPMA-129054921	State Tracking #:	Company Tracking #:
State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	Small Group		
Project Name/Number:	/		

Status Date:	
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SERFF Tracking #:	KPMA-129054921	State Tracking #:	Company Tracking #:
State:	District of Columbia	Filing Company:	Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004E Small Group Only - Other		
Product Name:	Small Group		
Project Name/Number:	/		

Attachment DC Small Group plan_management_data_templates_unified_4_15.xlsm is not a PDF document and cannot be reproduced here.



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Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
2101 East Jefferson Street Rockville, Maryland 20852

May 31, 2013

Mr. Efren Tanhehco
Supervisory Actuary
Department of Insurance and Securities
Insurance Product Division
810 First Street, N.E.
Washington, DC 20002

Re: NAIC #: 95639
HIOS Issuer ID 94506
Small Group On-Exchange Rate Filing
Filing #2

Dear Mr. Tanhehco,

Attached is the small group on-exchange rate filing for Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. (Kaiser) for rates effective January 1, 2014. Kaiser is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans.

This is an initial filing for plans to be offered on the healthcare exchange, and as such, there are currently no DC policyholders. There is also no rate increase or premium impact.

Sincerely,

Brent Plemons
Senior Actuarial Analyst
Kaiser Foundation Health Plan, Inc.
Phone: 301-816-6634
Fax: 301-816-7124
Email: brent.r.plemons@kp.org

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia 2014 Small Group Rate Filing HIOS Issuer ID: 94506 HIOS Product ID

Form Numbers: DC-SG-HMO-FACE(01-14)HIX, DC-SG-POS-FACE(01-14)HIX, EOC-COVER (1-05), DC-SG-WRAP(01-14)HIX, KFHP-EOC COVER (01/10)DC, DCLG-ALL-TOC(1-05), DC-SG-SEC1(01-14)HIX, DC-SG-SEC2(01-14)HIX, DC-SG-SEC3(01-14)HIX, DC-SG-SEC3(01-14)HIX, DC-SG-SEC5(01-14)HIX, DC-SG-SEC6(01-14)HIX, DC-SG-SEC7(01-14)HIX, DC-SG-APP-DEF(01-14)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-14)HIX, DC-SG-GOLD-0-30-DENTAL-HMO-COST(01-14)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-14)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-1250-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-2000-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-14)HIX, DC-SG-GOLD-0-30-DENTAL-HMO-RX(01-14)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-14)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-14)HIX, DC-SG-SILVER-1250-35-DENTAL-DHMO-RX(01-14)HIX, DC-SG-SILVER-2000-35-DENTAL-DHMO-RX(01-14)HIX, DC-SG-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX, DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14)HIX, DC-SG-DENTAL-ADULT(01-14)HIX, DC-POS-AMEND(01-14)HIX

Actuarial Memorandum

I, Peter Berry, Senior Actuarial Director for Kaiser Foundation Health Plan, Inc. (Kaiser), am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for the Small Group plans sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2014.

This rate filing applies to forms that are open to new sales. This filing does not cover grandfathered products that existed prior to 2014 that will be offered off the exchange only.

Kaiser Foundation Health Plan is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans.

I am the primary contact for submission of this filing. My telephone number is 301-816-6872 and my email address is peter.berry@kp.org.

Proposed Rate Increases

The plans included in this filing are new plans and therefore do not have rate increases.

Experience Period Claims

Base period data:

The Revenue Requirement for 2014 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Child-Only, Conversion, Dues Subsidy, Individually Medically Underwritten and Small Group lines of business incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2014. Allowed claims for internal services come directly from allocated costs while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

Capitations:

Kaiser Permanente has contracted with Dominion Dental to provide dental care to Kaiser members. Kaiser pays Dominion Dental a fixed capitation of \$1.15 PMPM to cover adult preventative. Other dental products are offered as riders. The \$1.15 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, the \$1.15 is added back as a non-EHB in Exhibit 14. The \$1.15 charged in 2014 is a direct pass through for Kaiser to Dominion Dental.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to Kaiser's external allowed costs. Most of Kaiser's expenses are internal fixed costs, which are allocated and do not have any lag in reporting.

The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business by type of service. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit

1 line 3. It is the per member per month allowed claims less essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16 and is adjusted to age 21.

Premium:

Premium in Worksheet 1 Section I was captured for calendar year 2012 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Benefit Categories:

The benefit categories in Section II of Worksheet 1 are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustment in Worksheet 1 Section II is taken from row (10) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2014 membership. The development of this factor along with the documentation of the assumptions is included in Exhibits 7.1-7.3.

Assumptions are documented in those exhibits regarding the current relative morbidity of Kaiser's population along with the expected morbidity of the future market relative to Kaiser and are based on internal studies, a Wakely Consulting Group study conducted for Kaiser and other industry reports such as those released by the Society of Actuaries. Growth assumptions for the market as a whole and Kaiser specifically are used to calculate Kaiser's 2014 expected relative morbidity to the market.

The "Other" adjustment in Section II Worksheet 1 is an adjustment to reflect that family contracts are limited to three dependents in 2014 as well as an adjustment for the leveraging of fixed costs in 2014. The latter is documented in Exhibit 8. The estimate for the three dependent adjustment was provided by another Kaiser actuary, Juan Herrera, and I am relying on his work.

Also included in the "Other" adjustment is the net impact of changes in utilization copay effect between the base and projection periods. This is calculated by dividing the average base period utilization copay adjustment in Exhibit 4 by the average utilization copay effect in the projection period as determined by the pricing model described below under "AV Pricing Values".

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in Projection Period in Section III of Worksheet 1 is a composite of the plan factors (paid to allowed) for the new plans list in Worksheet 2 for the Small Group line of business. The composite

factor was calculated as a weighted average of the new plans based on projected members discussed below. The development of the plan factor for each plan is discussed in the “AV Pricing Values” below.

Index Rate for the Projection Period:

The index rate for the projection period in Worksheet 1 Section III in cell V44 represents the age 21 index rate and is developed in Exhibit 1 and shown on line 16 in that exhibit.

Risk Adjustment

Exhibits 7.1-7.3 document the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the risk adjustment receipts anticipated in the rating period based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

Reinsurance

The reinsurance fee is included in the administrative expense as discussed below.

Administrative Expense

Retention includes broker commissions, administrative expenses, fees and taxes and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Profit and Risk Margin

As mentioned above, the capital contribution of 2%, shown in Exhibit 9, is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan.

Taxes and Fees

Administrative expense has been adjusted to reflect the PCORI tax and the insurer tax that will apply in 2014 and the reinsurance fee. The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 22.0%, which includes a 2% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 80.0% because taxes can be adjusted out of the MLR calculation. The ultimate MLR would be expected to be slightly higher than 80.0% due to other allowed adjustments to both claims and premium in the federally prescribed methodology.

Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are document below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Age/Gender Normalization:

Base period claims experience is normalized for age and gender for the non-grandfathered population. An average age was derived by applying 2012 member months to the DISB age factors indexed to age 21, shown in Exhibit 13. The allowed claims are then divided by this factor to adjust to a 21 year-old level. Average age factors by line of business are summarized in Exhibit 5.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, our projected total annualized medical expense trend for Individual is 3.5% and is shown in Exhibit 6 of our filing.

Fixed Cost Adjustment:

As mentioned above, a large portion of Kaiser's expense are fixed costs that do not vary with the number of members covered. Therefore, as Kaiser increases the number of members it covers, the PMPM value of the fixed costs decreases. The development of this factor is shown in Exhibit 8.

Alternative AV Calculations

The AV Calculator does not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). We requested from a major actuarial consulting firm the national average allowed amount for outpatient facility costs in 2014. To determine AVs for plans outpatient facility copays, we propose an OP Copay Converter to be used with the AV calculator. To create this converter, we then compared the copay amount to the estimated average national OP facility allowed amount to calculate the implied coinsurance % for OP procedures. This coinsurance should only be applied to the OP facility cost and not the OP professional cost, which should be covered at 100%.

I have relied on work completed by another Kaiser actuary, Boris Shekhter, with regards to the Alternative AV Calculation. Based on that reliance, I certify the calculation to be actuarially sound.

AV Pricing Values

The rates for specific plans are calculated by multiplying plan factors times the index rate. The plan factors use industry standard data in a model from a national actuarial consulting firm, calibrated to Kaiser Experience to calculate the impact of the various cost share and plan elements for EHBs, including utilization copayment effect. The reference plan used as the basis for the AV pricing values is a \$0 cost share plan valued using the same industry standard factors described above.

Exhibit 10 indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate. The plan factor shown in Exhibit 10 reflects both member cost shares and the resulting dampening of expected utilization due to those cost shares.

Age Factors

The age factor table used to develop age specific rates is the standard table provided by DISB indexed to age 21, shown in Exhibit 13.

Non-EHB

An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

The multiplier excluding the dental capitation is used to add back Non-EHB benefits when calculating the AV Pricing Values for each plan.

As discussed above, \$1.15 PMPM is then added to each adult rate for the adult preventive dental capitation paid as a pass-through to Dominion Dental.

Quarterly Rate Adjustment

Exhibit 12 includes a quarterly rate adjustment to the rates based on an annual trend of 3.5%

Additional URRT Items

Membership Projections:

The total membership projection included across new plans in Section II of Worksheet 2 is developed by considering Kaiser's current membership, the expected uptake of the uninsured in the 2014 exchange and the Kaiser's expected market share of that growth in the rating period. Detailed assumptions are presented and documented in Exhibits 7.1-7.3.

An assumption is made in Worksheet 2 as to the distribution of members by product. The distribution is for the sole purpose of calculating average benefit and copay utilization effect factors for Worksheet 1 and is not based on any mapping of current members.

Terminated Plans:

The list of terminated non-grandfathered plans that are included in the column "Terminated Plans" in Worksheet 2 of the URRT are shown below:

DC Added Choice POS Plan 1 (\$5/\$10)
DC Added Choice POS Plan 2 (\$15/\$25)
DC DHMO Plan 1 (\$10/\$20/\$250 Ded - 90%)
DC DHMO Plan 2 (\$15/\$25/\$500 Ded - 90%)
DC DHMO Plan 3 (\$25/\$35/\$2,000 Ded - 80%)
DC DHMO Plan 4 (\$25/\$35/\$1000 Ded - 80%)
DC Flex Choice Plan 1 (100/90/70 - \$10-\$20 OV)
DC Flex Choice Plan 2 (100/80/60 - \$15-\$25 OV)
DC Flex Choice Plan 3 (100/70/50 - \$25-\$35 OV)
DC Flex Choice Plan 4 (100/80/60 - \$10-\$25 OV)
DC HDHP Plan 1 (\$1,250 Ded - 80%)
DC HDHP Plan 2 (\$1,750 Ded - 70%)
DC HDHP Plan 3 (\$2,250 Ded - 70%)
DC HDHP Plan 4 (\$1,250 Ded - 100%)
DC HDHP Plan 5 (\$2,250 Ded - 100%)
DC HDHP Plan 8 (\$2,800 Ded - 100%)
DC HMO Plan 1 (\$5/\$10/\$0 IP/\$0 Rx Ded)
DC HMO Plan 2 (\$10/\$20/\$0 IP/\$0 Rx Ded)
DC HMO Plan 3 (\$15/\$25/\$0 IP/\$0 Rx Ded)
DC HMO Plan 4 (\$15/\$30/\$500 IP/\$0 Rx Ded)
DC HMO Plan 5 (\$20/\$30/\$250 IP/\$0 Rx Ded)
DC HMO Plan 6 (\$20/\$40/20% IP/\$0 Rx Ded)
DC HMO Plan 7 (\$10/\$10/\$250 IP/\$0 Rx Ded)
DC HMO Plan 8 (\$20/\$20/\$500 IP/\$0 Rx Ded)

Summary Rate Calculation

Exhibit 1 shows the development of the Index Rate from the period Medical Cost Data. The final 2014 rates by plan and age are developed by applying plan factors, non-EHB benefit costs, admin expense and dental capitation to the index rate to get a plan specific PMPMs. The plan specific PMPMs are multiplied by the age slope to generate age

specific rates. Rates for second through fourth quarter are further adjusted for the quarterly rate adjustments in Exhibit 12.

Exhibit Table of Contents:

The following exhibits are included in this filing:

- Exhibit 1 – Summary Index Rate Calculation
- Exhibit 2 – Allowed Claims Development
- Exhibit 3 – Non-EHB Adjustments
- Exhibit 4 – Utilization Copayment Effect Adjustment
- Exhibit 5 – Age/Gender Adjustment
- Exhibits 6 – Trend Calculation
- Exhibits 7.1 - Risk Adjustment and Morbidity Development – Combined Small and Individual
- Exhibits 7.2 - Risk Adjustment and Morbidity Development – Individual Line of Business
- Exhibits 7.3 - Risk Adjustment and Morbidity Development – Small Group Line of Business
- Exhibit 8 – Fixed Cost Adjustment
- Exhibit 9 – Administrative Expense Factor – Small Group
- Exhibit 10 – Adjustments to the Index Rate
- Exhibit 11 - AV Calculator Values by Plan
- Exhibit 12 – Quarterly Rate Adjustment Factors
- Exhibit 13 – Age Factors
- Exhibit 14 – Adult Preventive Dental Capitation
- Appendix I-A - 1st Q 2014 Rate Sheet
- Appendix II-A - 2nd Q 2014 Rate Sheet
- Appendix III-A - 3rd Q 2014 Rate Sheet
- Appendix IV-A - 4th Q 2014 Rate Sheet

Certification

This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the development of the Index Rate comply with the applicable District and Federal Statutes and Regulations (45 CFR 156.80(d)(1). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient.



Peter Berry, FSA, MAAA
Senior Actuarial Director
Kaiser Foundation Health Plan, Inc.
5/31/2013

Index Rate Development
Summary Index Rate Calculation - Small Group
Exhibit 1

				<u>Source</u>
(1)	Base Period Allowed	\$315.23	Exhibits 2	
(2)	Non-EHB Claims Adjustment	0.9850	Exhibits 3	
(3)	EHB Base Period Allowed	\$310.49		
(4)	Utilization Impact	1.085	Exhibits 4	
(5)	Age/Gender Adjustment	0.675	Exhibits 5	
(6)	Normalized Allowed	\$227.30	[(3) * (4) * (5)]	
(7)	Annualized Trend	3.5%	Exhibit 6	
(8)	Months of Trend	24		
(9)	Trend Factor	1.072	[{ 1 + (7) } ^ {(8)/12}]	
(10)	Change in Morbidity	1.093	Exhibit 7.1-7.3	
(11)	Contract Limit of 3 Children Factor	1.005		
(12)	Exchange Fee	1.000		
(13)	Fixed Cost Adjustment	0.986	Exhibit 8 converted to % of Index Rate	
(14)	Combined Index Rate Prior to Separate Modifiers	\$264.01	(6) * (9) * (10) * (11) * (12) *(13)	
(15)	Risk Adjustment	0.944	Exhibit 7.3	
(16)	Index Rate	\$249.33	(14) * (15)	

Allowed Claims Development
Exhibit 2

					External				Total
Current Pool	Current Plans	Member Months	Allowed Internal	Capitation	Paid	IBNR	Member Cost Share	Allowed	
Individual	All	10,647	\$195.98	\$1.15	\$72.66	\$9.04	\$10.86	\$92.55	\$289.68
Small Group	All	35,950	\$194.27	\$1.15	\$106.27	\$13.00	\$8.10	\$127.37	\$322.79
Grand Total		46,597	\$194.66	\$1.15	\$98.59	\$12.10	\$8.73	\$119.42	\$315.23

Non-EHB Adjustments
Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	10,647	\$4.30
Small Group	All	35,950	\$4.86
Grand Total		46,597	\$4.73

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9850
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Utilization Copayment Effect Adjustment
Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	10,647	\$289.68	0.902
Small Group	All	35,950	\$322.79	0.927
Grand Total		46,597	\$315.23	0.922
Adjustment Factor is the Inverse of the Total				1.085

Age/Gender Adjustment
Exhibit 5

Current Pool	Current Plan	Member Months	Average Age/Gender	Adjustment Factor
Individual	All	10,647	1.398	0.715
Small Group	All	35,950	1.507	0.664
Grand Total		46,597	1.482	0.675

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Exhibit 6
Trend Calculation

Category	Weight	2012 to 2014 Annualized Trend
Hospital	14.8%	4.5%
Physician Internal	22.8%	4.0%
Referral	3.6%	4.5%
Rx	15.4%	4.5%
Other	43.5%	2.5%
Composite	100.0%	3.5%

Risk Adjustment and Morbidity Development
Exhibit 7.1

Development of Risk Adjustment Factor Applied to Index Rate

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	3,454	2,720	6,174
Adjustment for change in risk in Kaiser membership	105.9%	113.7%	109.3%
Adjustment for risk adjustment recoveries	94.4%	91.9%	93.3%

Risk Adjustment and Morbidity Development - Individual
Exhibit 7.2

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2012 Average Members</u>	<u>Morbidity</u>
(1) Non-Grandfathered Guaranteed Issue	6	1.823
(2) Non-Grandfathered Medically Underwritten ¹	820	0.983
(3) Dues Subsidy	649	0.937
(4) Total	1,474	0.966

Impact of projected membership to Kaiser risk profile in 2014 relative to current market

	<u>Average Members</u>	<u>Morbidity</u>
(5) Current Members [from (4) above]	1,474	0.966
(6) Gender to Unisex Selection Adjustment	205	1.100
(7) Total Morbidity Change	1,474	0.979
(8) New Entrants and Transfers	1,246	1.238
(9) Subtotal	2,720	1.098

Impact to Current Market from all new entrants in 2014

	<u>Average Members</u>	<u>Risk Relativity</u>
(10) Current Market	14,565	1.000
(11) Uninsured New Entrants ²	604	1.300
(12) Transfers from Group	4,322	1.000
(13) 2014 Market	19,491	1.009
(14) Kaiser risk relativity to 2014 market [(9) / (13)]		1.088

Development of Risk Adjustment Factor Applied to Index Rate

(15) Adjustment for change in risk in Kaiser membership [(9) / (4)]	113.7%
(16) Adjustment for risk adjustment recoveries [1 / (14)]	91.9%

¹ Non-Grandfathered Kaiser members have a current risk profile of 1.000 to all Kaiser medically underwritten members based on DxCG risk scoring. Current Kaiser Medically Underwritten relativity to market is assumed to be 1.05.

Risk Adjustment Factor - Small Group
Exhibit 7.3

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2012 Average Members</u>	<u>Morbidity</u>
(1) Non-Grandfathered ¹	2,996	1.000

Impact of projected membership to Kaiser risk profile in 2014 relative to current market

	<u>Average Members</u>	<u>Morbidity</u>
(2) Current Members [from (1) above]	2,996	1.000
(3) Exit Kaiser Small Group ²	(853)	0.800
(4) New Kaiser members formerly uninsured ³	328	1.100
(5) New to Kaiser from other carriers	983	1.000
(6) Subtotal	3,454	1.059
	<u>Average Members</u>	
(7) Current Market	50,762	1.000
(8) Enter 2014	1,678	1.000
(9) Exit 2014	6,000	1.000
(10) Net 2014 Market	46,440	1.000
(11) Kaiser risk relativity to 2014 market [(6) / (10)]		1.059

Development of Risk Adjustment Factor Applied to Index Rate

(12) Adjustment for change in risk in Kaiser membership [(6) / (1)]	105.9%
(13) Adjustment for risk adjustment recoveries [1 / (11)]	94.4%
(14) Total Adjustment [(12) * (13)]	100.0%

¹ Current Kaiser portfolio is expected to be 1.000 to market.

² Transfers to Kaiser Individual and other carriers

³ Assumes new Kaiser members are 1.1 to market since going from underwritten to guaranteed issue market

Fixed Cost Adjustment - Small Group
Exhibit 8

Current Total Commercial Member Months	5,817,979
New total with growth	6,177,979
Current Commercial Fixed	343,729,044
Change in Fixed PMPM	-\$3.44

Budget assumes 30,000 new members for all of 2014

Administrative Expense Factor - Small Group
Exhibit 9

Retention Category	Percent of Retention
Claims Processing	0.76%
Customer Service	1.60%
Taxes	2.95%
Capital Contribution	2.00%
Member Satisfaction Survey	0.17%
Member Communication Materials	0.41%
Open Enrollment	0.41%
Utilization Review	0.52%
Care Management	0.78%
Ad Hoc Reports	0.25%
Other - Community Service	0.30%
Corporate and Other Overhead	5.85%
Commissions	6.00%
Total	22.00%

Adjustments to the Index Rate
Exhibit 10

Plans	Metallic Level	Name	Allowable Modifiers		
			Plan Factor	Non-EHB	Admin
1	Platinum	KP DC Platinum 0/20/Dental/Sig	0.8824	1.0112	1.2821
2	Platinum	KP DC Platinum 500/20/Dental/Sig	0.8177	1.0112	1.2821
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	0.7404	1.0112	1.2821
4	Gold	KP DC Gold 0/30/Dental/Sig	0.8129	1.0112	1.2821
5	Gold	KP DC Gold 1000/30/Dental/Sig	0.7218	1.0112	1.2821
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	0.7534	1.0112	1.2821
7	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	0.6470	1.0112	1.2821
8	Silver	KP DC Silver 1250/35/Dental/Sig	0.6555	1.0112	1.2821
9	Silver	KP DC Silver 2000/35/Dental/Sig	0.6244	1.0112	1.2821
10	Silver	KP DC Silver 1500/30/HSA/Dental/Sig	0.6276	1.0112	1.2821
11	Silver	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	0.5722	1.0112	1.2821
12	Bronze	KP DC Bronze 4500/50/Dental/Sig	0.5325	1.0112	1.2821
13	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	0.5474	1.0112	1.2821
14	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	0.5247	1.0112	1.2821
15	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	0.6014	1.0112	1.2821

AV Calculator Values
Exhibit 11

Plans	Metallic Level	Name	AV Value
1	Platinum	KP DC Platinum 0/20/Dental/Sig	0.904
2	Platinum	KP DC Platinum 500/20/Dental/Sig	0.885
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	0.881
4	Gold	KP DC Gold 0/30/Dental/Sig	0.816
5	Gold	KP DC Gold 1000/30/Dental/Sig	0.782
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	0.781
7	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	0.795
8	Silver	KP DC Silver 1250/35/Dental/Sig	0.714
9	Silver	KP DC Silver 2000/35/Dental/Sig	0.697
10	Silver	KP DC Silver 1500/30/HSA/Dental/Sig	0.684
11	Silver	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	0.695
12	Bronze	KP DC Bronze 4500/50/Dental/Sig	0.612
13	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	0.608
14	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	0.591
15	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	0.612

Quarterly Rate Factors
Exhibit 12

Plans	Metallic Level	Name	2Q 2014	3 Q 2014	4 Q 2014
1	Platinum	KP DC Platinum 0/20/Dental/Sig	1.009	1.018	1.026
2	Platinum	KP DC Platinum 500/20/Dental/Sig	1.009	1.018	1.026
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	1.009	1.018	1.026
4	Gold	KP DC Gold 0/30/Dental/Sig	1.009	1.018	1.026
5	Gold	KP DC Gold 1000/30/Dental/Sig	1.009	1.018	1.026
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	1.009	1.018	1.026
7	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	1.009	1.018	1.026
8	Silver	KP DC Silver 1250/35/Dental/Sig	1.009	1.018	1.026
9	Silver	KP DC Silver 2000/35/Dental/Sig	1.009	1.018	1.026
10	Silver	KP DC Silver 1500/30/HSA/Dental/Sig	1.009	1.018	1.026
11	Silver	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	1.009	1.018	1.026
12	Bronze	KP DC Bronze 4500/50/Dental/Sig	1.009	1.018	1.026
13	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	1.009	1.018	1.026
14	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	1.009	1.018	1.026
15	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	1.009	1.018	1.026

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.727	1.00
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.727	1.00
29	0.727	1.00
30	0.727	1.00
31	0.727	1.00
32	0.727	1.00
33	0.746	1.03
34	0.775	1.07
35	0.805	1.11
36	0.836	1.15
37	0.869	1.20
38	0.903	1.24
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Adult Preventive Dental Capitation Rates
Exhibit 14

Age	Age Related
20	\$0.00
21	\$1.15
22	\$1.15
23	\$1.15
24	\$1.15
25	\$1.15
26	\$1.15
27	\$1.15
28	\$1.15
29	\$1.15
30	\$1.15
31	\$1.15
32	\$1.15
33	\$1.15
34	\$1.15
35	\$1.15
36	\$1.15
37	\$1.15
38	\$1.15
39	\$1.15
40	\$1.15
41	\$1.15
42	\$1.15
43	\$1.15
44	\$1.15
45	\$1.15
46	\$1.15
47	\$1.15
48	\$1.15
49	\$1.15
50	\$1.15
51	\$1.15
52	\$1.15
53	\$1.15
54	\$1.15
55	\$1.15
56	\$1.15
57	\$1.15
58	\$1.15
59	\$1.15
60	\$1.15
61	\$1.15
62	\$1.15
63	\$1.15
64+	\$1.15

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2014
District of Columbia Small Group Exchange
Appendix I-A

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/20/Dental/Sig	KP DC Gold 1000/20/Dental/Sig	KP DC Gold 12500%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/30/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/30/POS/Dental/Sig
20 and Under	\$285.23	\$264.33	\$239.32	\$262.76	\$233.32	\$243.53	\$209.14	\$211.89	\$201.84	\$202.87	\$184.97	\$172.14	\$176.96	\$169.62	\$194.40
21	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
22	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
23	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
24	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
25	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
26	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
27	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
28	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
29	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
30	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
31	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
32	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
33	\$293.83	\$272.39	\$246.73	\$270.78	\$240.57	\$251.04	\$215.76	\$218.58	\$208.26	\$209.32	\$190.95	\$177.79	\$182.74	\$175.21	\$200.63
34	\$305.21	\$282.93	\$256.27	\$281.26	\$249.87	\$260.76	\$224.10	\$227.03	\$216.32	\$217.41	\$198.33	\$184.65	\$189.80	\$181.97	\$208.38
35	\$316.98	\$293.84	\$266.15	\$292.11	\$259.50	\$270.81	\$232.73	\$235.77	\$224.64	\$225.78	\$205.96	\$191.76	\$197.10	\$188.97	\$216.41
36	\$329.14	\$305.11	\$276.35	\$303.31	\$269.45	\$281.19	\$241.65	\$244.81	\$233.25	\$234.44	\$213.85	\$199.10	\$204.64	\$196.21	\$224.70
37	\$342.09	\$317.11	\$287.22	\$315.24	\$280.04	\$292.25	\$251.14	\$254.43	\$242.41	\$243.64	\$222.25	\$206.91	\$212.68	\$203.91	\$233.52
38	\$355.43	\$329.47	\$298.41	\$327.53	\$290.96	\$303.64	\$260.93	\$264.34	\$251.85	\$253.13	\$230.90	\$214.96	\$220.95	\$211.84	\$242.61
39	\$369.16	\$342.20	\$309.95	\$340.18	\$302.19	\$315.36	\$270.99	\$274.54	\$261.57	\$262.90	\$239.80	\$223.25	\$229.47	\$220.00	\$251.97
40	\$383.68	\$355.65	\$322.11	\$353.55	\$314.06	\$327.76	\$281.64	\$285.32	\$271.84	\$273.22	\$249.22	\$232.01	\$238.48	\$228.64	\$261.86
41	\$398.59	\$369.46	\$334.62	\$367.28	\$326.26	\$340.48	\$292.57	\$296.40	\$282.39	\$283.83	\$258.89	\$241.01	\$247.73	\$237.50	\$272.03
42	\$414.28	\$384.01	\$347.79	\$381.74	\$339.09	\$353.88	\$304.08	\$308.06	\$293.50	\$294.99	\$269.06	\$250.48	\$257.46	\$246.84	\$282.72
43	\$430.37	\$398.91	\$361.29	\$396.56	\$352.25	\$367.62	\$315.87	\$320.01	\$304.88	\$306.43	\$279.49	\$260.19	\$267.44	\$256.40	\$293.69
44	\$447.24	\$414.55	\$375.44	\$412.10	\$366.05	\$382.02	\$328.24	\$332.54	\$316.82	\$318.43	\$290.43	\$270.37	\$277.91	\$266.44	\$305.18
45	\$464.50	\$430.55	\$389.93	\$428.00	\$380.17	\$396.76	\$340.90	\$345.56	\$329.03	\$330.71	\$301.63	\$280.79	\$288.62	\$276.70	\$316.95
46	\$482.55	\$447.27	\$405.07	\$444.63	\$394.94	\$412.17	\$354.13	\$358.77	\$341.81	\$343.54	\$313.33	\$291.88	\$299.82	\$287.43	\$329.25
47	\$501.38	\$464.72	\$420.87	\$461.98	\$410.34	\$428.25	\$367.94	\$372.76	\$355.13	\$356.94	\$325.55	\$303.04	\$311.50	\$298.63	\$342.08
48	\$521.00	\$482.90	\$437.33	\$480.05	\$426.39	\$445.00	\$382.33	\$387.33	\$369.01	\$370.89	\$338.27	\$314.88	\$323.67	\$310.30	\$355.45
49	\$541.40	\$501.81	\$454.45	\$498.85	\$443.08	\$462.42	\$397.29	\$402.49	\$383.45	\$385.40	\$351.50	\$327.20	\$336.33	\$322.43	\$369.36
50	\$562.59	\$521.44	\$472.22	\$518.36	\$460.41	\$480.51	\$412.82	\$418.23	\$398.44	\$400.47	\$365.24	\$339.98	\$349.47	\$335.03	\$383.80
51	\$584.56	\$541.80	\$490.66	\$538.60	\$478.38	\$499.27	\$428.93	\$434.55	\$413.99	\$416.10	\$379.48	\$353.24	\$363.11	\$348.10	\$398.77
52	\$607.31	\$562.89	\$509.75	\$559.57	\$496.99	\$518.69	\$445.62	\$451.45	\$430.09	\$432.28	\$394.24	\$366.98	\$377.22	\$361.63	\$414.28
53	\$630.85	\$584.71	\$529.50	\$581.25	\$516.25	\$538.79	\$462.88	\$468.94	\$449.51	\$449.02	\$409.18	\$381.18	\$391.83	\$375.63	\$430.33
54	\$655.57	\$607.61	\$550.24	\$604.02	\$536.47	\$559.90	\$481.00	\$487.30	\$464.24	\$466.60	\$425.54	\$396.10	\$407.16	\$390.33	\$447.17
55	\$681.07	\$631.25	\$571.64	\$627.52	\$557.33	\$581.67	\$499.70	\$506.25	\$482.29	\$484.74	\$442.07	\$411.49	\$422.98	\$405.49	\$464.55
56	\$707.75	\$652.97	\$579.15	\$652.09	\$579.15	\$604.45	\$509.03	\$501.17	\$482.97	\$485.72	\$459.37	\$427.59	\$439.54	\$421.36	\$482.74
57	\$735.21	\$681.42	\$617.07	\$677.40	\$601.62	\$627.90	\$539.40	\$546.47	\$520.60	\$523.25	\$477.18	\$444.17	\$456.58	\$437.69	\$501.45
58	\$763.86	\$707.96	\$641.10	\$703.78	\$625.05	\$652.35	\$560.40	\$567.75	\$540.87	\$543.62	\$495.76	\$461.45	\$474.34	\$454.73	\$520.97
59	\$793.67	\$735.60	\$666.12	\$731.25	\$649.44	\$677.81	\$582.27	\$589.90	\$561.97	\$564.83	\$515.09	\$479.45	\$492.84	\$472.46	\$541.30
60	\$824.67	\$764.22	\$692.12	\$759.80	\$674.79	\$704.27	\$604.99	\$612.92	\$583.90	\$586.87	\$535.19	\$498.15	\$512.07	\$490.89	\$562.42
61	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35
62	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35
63	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35
64+	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective April 1, 2014
District of Columbia Small Group Exchange
Appendix II-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
Age	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/30/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/0%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POS/Dental/Sig
20 and Under	\$287.72	\$266.64	\$241.41	\$245.06	\$235.36	\$245.66	\$213.74	\$210.97	\$203.60	\$204.64	\$186.58	\$173.64	\$178.51	\$171.10	\$196.10
21	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
22	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
23	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
24	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
25	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
26	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
27	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
28	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
29	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
30	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
31	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
32	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
33	\$296.39	\$274.75	\$248.87	\$273.13	\$242.66	\$253.23	\$217.63	\$220.48	\$210.07	\$211.14	\$192.61	\$179.33	\$184.32	\$176.73	\$202.37
34	\$307.87	\$285.39	\$258.50	\$283.71	\$252.04	\$263.03	\$226.05	\$229.00	\$218.19	\$219.30	\$200.05	\$186.26	\$191.44	\$183.55	\$210.19
35	\$319.74	\$296.39	\$268.46	\$294.64	\$261.76	\$273.16	\$234.75	\$237.82	\$226.59	\$227.75	\$207.75	\$193.42	\$198.81	\$190.61	\$218.29
36	\$332.01	\$307.76	\$278.76	\$305.95	\$271.79	\$283.64	\$243.75	\$246.94	\$235.28	\$236.47	\$215.71	\$200.83	\$206.42	\$197.91	\$226.65
37	\$345.07	\$319.87	\$289.71	\$317.98	\$294.79	\$256.44	\$253.33	\$256.64	\$244.52	\$245.76	\$224.18	\$208.71	\$214.52	\$205.68	\$235.55
38	\$358.52	\$332.33	\$301.00	\$330.37	\$293.48	\$306.28	\$263.19	\$266.63	\$254.04	\$255.33	\$232.90	\$216.83	\$222.87	\$213.68	\$244.72
39	\$372.37	\$345.17	\$312.63	\$343.13	\$304.81	\$318.10	\$273.35	\$276.92	\$263.84	\$265.18	\$241.89	\$225.19	\$231.46	\$221.91	\$254.16
40	\$387.02	\$358.74	\$324.91	\$356.62	\$316.79	\$330.61	\$284.09	\$287.80	\$274.20	\$275.60	\$251.38	\$234.03	\$240.55	\$230.62	\$264.14
41	\$402.06	\$372.68	\$337.53	\$370.48	\$329.09	\$343.45	\$295.11	\$298.97	\$284.85	\$286.29	\$261.13	\$243.10	\$249.88	\$239.57	\$274.39
42	\$417.89	\$387.35	\$350.81	\$385.06	\$342.04	\$356.96	\$306.72	\$310.73	\$296.05	\$297.55	\$271.40	\$252.66	\$259.70	\$248.98	\$285.18
43	\$434.11	\$402.39	\$364.43	\$400.01	\$355.32	\$370.82	\$318.62	\$322.79	\$307.53	\$309.09	\$281.92	\$262.45	\$269.77	\$258.63	\$296.24
44	\$451.13	\$418.16	\$378.71	\$415.69	\$369.24	\$385.35	\$331.10	\$335.43	\$319.57	\$321.20	\$296.96	\$272.72	\$280.33	\$268.75	\$307.84
45	\$468.55	\$434.29	\$393.32	\$431.73	\$383.48	\$400.21	\$343.87	\$348.37	\$331.90	\$333.58	\$304.25	\$283.23	\$291.13	\$279.11	\$319.70
46	\$486.75	\$451.17	\$408.59	\$448.50	\$398.37	\$415.76	\$357.22	\$361.89	\$344.78	\$346.53	\$316.06	\$294.21	\$302.42	\$289.93	\$332.11
47	\$505.75	\$468.77	\$424.53	\$466.00	\$413.91	\$431.98	\$371.14	\$376.00	\$358.22	\$360.04	\$328.38	\$305.68	\$314.21	\$301.23	\$345.06
48	\$525.53	\$487.11	\$441.14	\$484.23	\$430.10	\$448.87	\$385.65	\$390.70	\$372.22	\$374.12	\$341.21	\$317.62	\$326.49	\$313.00	\$358.55
49	\$546.11	\$506.18	\$458.40	\$503.19	\$446.93	\$466.44	\$400.74	\$405.99	\$386.79	\$388.75	\$354.55	\$330.04	\$339.25	\$325.24	\$372.57
50	\$567.49	\$525.98	\$476.34	\$522.88	\$464.41	\$484.69	\$416.41	\$421.87	\$401.91	\$403.95	\$368.41	\$342.94	\$352.51	\$337.95	\$387.14
51	\$589.65	\$546.52	\$494.93	\$543.29	\$482.54	\$503.61	\$432.66	\$438.33	\$417.59	\$419.72	\$382.79	\$356.31	\$366.26	\$351.13	\$402.24
52	\$612.60	\$567.80	\$514.19	\$564.44	\$501.32	\$523.21	\$449.50	\$455.38	\$433.84	\$436.04	\$397.67	\$370.17	\$380.51	\$364.78	\$417.89
53	\$636.35	\$589.80	\$534.11	\$586.32	\$520.74	\$543.48	\$466.91	\$473.02	\$450.64	\$452.93	\$413.07	\$384.50	\$395.24	\$378.90	\$434.07
54	\$661.28	\$612.91	\$555.03	\$609.29	\$541.14	\$564.77	\$485.19	\$491.55	\$468.28	\$470.67	\$429.24	\$399.55	\$410.71	\$393.73	\$451.07
55	\$687.01	\$636.75	\$576.62	\$632.98	\$562.18	\$586.74	\$504.05	\$510.66	\$486.49	\$488.96	\$445.92	\$415.07	\$426.67	\$409.02	\$468.60
56	\$713.92	\$661.69	\$599.20	\$657.78	\$584.20	\$609.71	\$523.79	\$530.65	\$505.53	\$508.10	\$463.37	\$431.31	\$443.36	\$425.03	\$486.94
57	\$741.62	\$687.36	\$622.44	\$683.30	\$606.86	\$633.37	\$544.10	\$551.23	\$525.13	\$527.81	\$481.34	\$448.03	\$460.55	\$441.50	\$505.82
58	\$770.51	\$714.13	\$646.68	\$709.91	\$630.49	\$658.03	\$565.28	\$572.69	\$545.58	\$548.36	\$500.07	\$465.47	\$478.47	\$458.68	\$525.51
59	\$800.59	\$742.01	\$671.92	\$737.62	\$655.09	\$683.71	\$587.34	\$595.03	\$566.86	\$569.75	\$519.58	\$483.62	\$497.14	\$476.57	\$546.01
60	\$831.85	\$770.98	\$698.16	\$766.42	\$680.67	\$710.41	\$610.26	\$618.26	\$588.99	\$591.99	\$539.85	\$502.49	\$516.53	\$495.16	\$567.32
61	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44
62	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44
63	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44
64+	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Exchange
Appendix III-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
Age	KP DC Platinum 0/20/Dental/Stg	KP DC Platinum 500/20/Dental/Stg	KP DC Platinum 1250/10/HSA/HRA/Dental/Stg	KP DC Gold 0/30/Dental/Stg	KP DC Gold 1000/30/Dental/Stg	KP DC Gold 12500/0%/HSA/Dental/Stg	KP DC Gold 1500/30/HSA/HRA/Dental/Stg	KP DC Silver 1250/35/Dental/Stg	KP DC Silver 2000/35/Dental/Stg	KP DC Silver 1500/30/HSA/Dental/Stg	KP DC Silver 2500/30/HSA/HRA/Dental/Stg	KP DC Bronze 4500/50/Dental/Stg	KP DC Bronze 3500/20%/HSA/Dental/Stg	KP DC Bronze 4500/20/HSA/Dental/Stg	KP DC Bronze 4500/50/POS/Dental/Stg
20 and Under	\$290.23	\$268.96	\$243.52	\$267.37	\$237.41	\$247.80	\$212.81	\$215.61	\$205.38	\$206.43	\$188.21	\$175.16	\$180.06	\$172.60	\$197.81
21	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
22	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
23	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
24	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
25	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
26	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
27	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
28	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
29	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
30	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
31	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
32	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
33	\$298.97	\$277.14	\$251.03	\$275.51	\$244.76	\$255.43	\$219.52	\$211.89	\$212.97	\$194.28	\$180.88	\$185.92	\$178.26	\$204.13	\$220.43
34	\$310.54	\$287.87	\$260.75	\$286.17	\$254.23	\$265.31	\$228.01	\$230.99	\$220.09	\$221.20	\$201.79	\$187.87	\$193.10	\$185.14	\$212.02
35	\$322.52	\$298.97	\$270.80	\$297.21	\$264.03	\$275.54	\$236.79	\$239.89	\$228.56	\$229.72	\$209.55	\$195.10	\$200.53	\$192.27	\$220.18
36	\$334.89	\$310.44	\$281.18	\$308.61	\$274.15	\$286.10	\$245.87	\$249.08	\$237.32	\$238.52	\$217.58	\$202.57	\$208.21	\$199.63	\$228.61
37	\$348.07	\$322.65	\$292.23	\$320.74	\$284.93	\$297.35	\$255.53	\$258.87	\$246.64	\$247.89	\$226.12	\$210.52	\$216.38	\$207.46	\$237.59
38	\$361.64	\$335.23	\$303.62	\$333.25	\$296.03	\$308.94	\$265.48	\$268.95	\$256.25	\$257.55	\$234.93	\$218.71	\$224.81	\$215.53	\$246.84
39	\$375.61	\$348.17	\$315.35	\$346.12	\$307.46	\$320.87	\$275.73	\$279.33	\$266.13	\$267.49	\$243.99	\$227.14	\$233.47	\$223.84	\$256.37
40	\$390.39	\$361.86	\$327.74	\$359.73	\$319.55	\$333.48	\$286.56	\$290.30	\$276.59	\$277.99	\$253.57	\$236.06	\$242.64	\$232.63	\$266.44
41	\$405.56	\$375.92	\$340.47	\$373.70	\$331.96	\$346.43	\$297.68	\$301.57	\$287.32	\$288.78	\$263.40	\$245.21	\$252.05	\$241.65	\$276.77
42	\$421.52	\$390.72	\$353.87	\$388.41	\$345.02	\$360.07	\$309.39	\$313.44	\$298.62	\$300.14	\$273.76	\$254.85	\$261.96	\$251.14	\$287.66
43	\$437.89	\$405.89	\$367.60	\$403.49	\$358.41	\$374.04	\$321.39	\$325.60	\$310.20	\$311.78	\$284.37	\$264.73	\$272.11	\$260.88	\$298.81
44	\$455.06	\$421.80	\$382.00	\$419.31	\$372.45	\$388.70	\$333.98	\$338.35	\$322.35	\$323.99	\$295.51	\$275.09	\$282.76	\$271.09	\$310.51
45	\$472.62	\$438.07	\$396.74	\$435.49	\$386.82	\$403.70	\$346.86	\$351.40	\$334.78	\$336.48	\$306.90	\$285.69	\$293.66	\$281.53	\$322.49
46	\$490.99	\$455.09	\$412.15	\$452.41	\$401.84	\$419.38	\$360.32	\$365.04	\$347.78	\$349.55	\$318.81	\$296.77	\$305.05	\$292.45	\$335.00
47	\$510.15	\$472.85	\$428.23	\$470.06	\$417.51	\$435.74	\$379.27	\$379.27	\$361.34	\$363.17	\$331.23	\$308.34	\$316.94	\$303.85	\$348.06
48	\$530.11	\$491.35	\$444.98	\$488.45	\$433.84	\$452.78	\$389.01	\$394.10	\$375.46	\$377.37	\$344.18	\$320.38	\$329.33	\$315.72	\$361.67
49	\$550.87	\$510.59	\$462.39	\$507.87	\$450.82	\$470.50	\$409.52	\$409.52	\$390.15	\$392.14	\$357.64	\$332.91	\$342.21	\$328.06	\$375.81
50	\$572.43	\$530.56	\$480.48	\$527.43	\$468.46	\$488.91	\$425.54	\$405.41	\$407.47	\$409.22	\$371.62	\$345.92	\$355.58	\$340.89	\$390.51
51	\$594.78	\$551.28	\$499.24	\$548.03	\$486.74	\$508.00	\$436.43	\$442.15	\$421.23	\$423.37	\$386.12	\$359.41	\$369.45	\$354.18	\$405.74
52	\$617.94	\$572.74	\$518.67	\$569.36	\$505.69	\$527.77	\$453.41	\$459.35	\$437.61	\$439.84	\$401.13	\$373.39	\$383.82	\$367.95	\$421.52
53	\$641.89	\$594.94	\$538.77	\$591.42	\$525.28	\$548.22	\$470.97	\$477.14	\$454.56	\$456.88	\$416.67	\$387.84	\$398.68	\$382.19	\$437.85
54	\$667.04	\$618.25	\$559.87	\$614.59	\$545.85	\$569.69	\$489.41	\$495.83	\$472.36	\$474.76	\$432.98	\$403.02	\$414.28	\$397.15	\$454.99
55	\$692.99	\$642.29	\$581.64	\$638.50	\$567.08	\$591.85	\$508.44	\$515.10	\$490.72	\$493.22	\$449.80	\$418.68	\$430.38	\$412.58	\$472.68
56	\$720.14	\$667.45	\$604.42	\$663.51	\$589.28	\$615.02	\$528.35	\$535.27	\$509.93	\$512.53	\$467.41	\$435.07	\$447.22	\$428.73	\$491.18
57	\$748.08	\$693.35	\$627.87	\$689.25	\$612.14	\$638.88	\$548.84	\$556.03	\$529.71	\$532.40	\$485.53	\$451.93	\$464.56	\$445.35	\$510.23
58	\$777.23	\$720.36	\$652.32	\$716.10	\$635.98	\$663.77	\$570.21	\$577.68	\$550.33	\$553.13	\$504.43	\$469.52	\$482.64	\$462.68	\$530.09
59	\$807.57	\$748.47	\$677.78	\$744.05	\$660.80	\$689.67	\$592.45	\$600.22	\$571.80	\$574.71	\$524.10	\$487.83	\$501.46	\$480.72	\$550.77
60	\$839.10	\$777.70	\$704.24	\$773.10	\$686.60	\$716.60	\$615.58	\$623.65	\$594.12	\$597.14	\$544.56	\$506.86	\$521.03	\$499.48	\$572.26
61	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57
62	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57
63	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57
64+	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2014
District of Columbia Small Group Exchange
Appendix IV-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
Age	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/30/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/0%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POS/Dental/Sig
20 and Under	\$292.76	\$271.31	\$245.64	\$269.70	\$239.48	\$249.96	\$214.67	\$217.49	\$207.17	\$208.23	\$189.85	\$176.69	\$181.63	\$174.10	\$199.53
21	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
22	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
23	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
24	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
25	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
26	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
27	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
28	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
29	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
30	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
31	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
32	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
33	\$301.56	\$279.55	\$253.21	\$277.90	\$246.89	\$257.64	\$221.43	\$224.32	\$213.73	\$214.82	\$195.97	\$182.45	\$187.53	\$179.80	\$205.90
34	\$313.24	\$290.37	\$263.01	\$288.66	\$256.44	\$267.62	\$233.00	\$233.00	\$222.00	\$223.12	\$203.54	\$189.50	\$194.78	\$186.75	\$213.86
35	\$325.32	\$301.57	\$273.15	\$299.79	\$266.33	\$277.93	\$238.85	\$241.97	\$230.55	\$231.72	\$211.37	\$196.79	\$202.27	\$193.93	\$222.09
36	\$337.81	\$313.14	\$283.62	\$311.29	\$276.54	\$288.59	\$248.00	\$251.24	\$239.38	\$240.60	\$219.47	\$204.33	\$210.02	\$201.36	\$230.60
37	\$351.10	\$325.45	\$294.77	\$323.53	\$287.41	\$299.94	\$257.75	\$261.12	\$248.78	\$250.05	\$228.09	\$212.35	\$218.26	\$209.26	\$239.66
38	\$364.79	\$338.14	\$306.26	\$336.15	\$298.61	\$311.63	\$267.79	\$271.29	\$258.47	\$259.79	\$236.97	\$220.61	\$226.76	\$217.40	\$248.99
39	\$378.88	\$351.20	\$318.09	\$349.13	\$310.14	\$323.66	\$278.12	\$281.76	\$268.45	\$269.81	\$246.11	\$229.12	\$235.50	\$225.78	\$258.60
40	\$393.78	\$365.01	\$330.59	\$362.86	\$322.32	\$336.38	\$289.05	\$292.83	\$278.99	\$280.41	\$255.77	\$238.11	\$244.75	\$234.65	\$268.75
41	\$409.09	\$379.19	\$343.43	\$376.95	\$334.84	\$349.45	\$300.27	\$304.20	\$289.82	\$291.29	\$265.69	\$247.34	\$254.24	\$243.75	\$279.18
42	\$425.19	\$394.12	\$356.94	\$391.79	\$348.02	\$363.20	\$312.08	\$316.16	\$301.22	\$302.75	\$276.14	\$257.06	\$264.23	\$253.33	\$290.16
43	\$441.70	\$409.42	\$370.80	\$407.00	\$361.52	\$377.30	\$324.18	\$328.43	\$312.90	\$314.49	\$286.85	\$267.03	\$274.48	\$263.14	\$301.41
44	\$459.02	\$425.47	\$385.33	\$422.96	\$375.69	\$392.08	\$336.88	\$341.29	\$325.16	\$326.81	\$298.07	\$277.48	\$285.22	\$273.44	\$313.21
45	\$476.74	\$441.89	\$400.19	\$439.28	\$390.18	\$407.21	\$349.87	\$354.45	\$337.69	\$339.41	\$309.57	\$288.17	\$296.21	\$283.98	\$325.29
46	\$495.26	\$459.05	\$415.74	\$456.34	\$405.34	\$423.03	\$363.46	\$368.21	\$350.80	\$352.59	\$321.58	\$299.35	\$307.71	\$295.00	\$337.91
47	\$514.59	\$476.97	\$431.96	\$474.15	\$421.15	\$439.53	\$382.57	\$382.57	\$364.48	\$366.33	\$334.11	\$311.02	\$319.70	\$306.49	\$351.09
48	\$534.73	\$495.63	\$448.85	\$492.70	\$437.62	\$456.72	\$392.39	\$397.53	\$378.73	\$380.66	\$347.17	\$323.17	\$332.19	\$318.46	\$364.81
49	\$555.67	\$515.03	\$466.42	\$511.99	\$454.75	\$474.60	\$407.75	\$413.09	\$393.55	\$395.55	\$360.75	\$335.81	\$345.18	\$330.92	\$379.08
50	\$577.41	\$535.19	\$484.67	\$532.02	\$472.54	\$493.17	\$423.69	\$429.24	\$408.93	\$411.02	\$374.85	\$348.93	\$358.67	\$343.85	\$393.90
51	\$599.96	\$556.08	\$503.59	\$552.80	\$490.98	\$512.42	\$440.23	\$446.00	\$424.89	\$427.06	\$389.48	\$362.54	\$372.66	\$357.26	\$409.27
52	\$623.32	\$577.73	\$523.18	\$574.32	\$510.09	\$532.36	\$457.36	\$463.35	\$441.42	\$443.67	\$404.62	\$376.64	\$387.16	\$371.15	\$425.19
53	\$647.48	\$600.12	\$543.46	\$596.57	\$529.85	\$552.99	\$475.07	\$481.30	\$458.52	\$460.85	\$420.29	\$391.22	\$402.15	\$385.52	\$441.66
54	\$672.85	\$623.63	\$564.74	\$619.95	\$550.61	\$574.65	\$493.68	\$500.14	\$476.47	\$478.90	\$436.74	\$406.53	\$417.89	\$400.61	\$458.95
55	\$699.03	\$647.89	\$586.71	\$644.06	\$572.02	\$597.00	\$512.87	\$519.59	\$494.99	\$497.51	\$453.72	\$422.33	\$434.13	\$416.17	\$476.79
56	\$726.41	\$673.27	\$609.68	\$669.29	\$594.42	\$620.38	\$532.95	\$539.93	\$514.37	\$516.99	\$471.48	\$438.85	\$451.11	\$432.46	\$495.46
57	\$754.60	\$699.39	\$633.34	\$695.26	\$617.48	\$644.45	\$553.62	\$560.87	\$534.32	\$537.04	\$489.76	\$455.87	\$468.60	\$449.22	\$514.67
58	\$784.00	\$726.63	\$658.00	\$722.34	\$641.52	\$669.55	\$575.17	\$582.71	\$555.12	\$557.95	\$508.82	\$473.61	\$486.84	\$466.70	\$534.70
59	\$814.60	\$754.99	\$683.68	\$750.53	\$666.56	\$695.68	\$597.61	\$605.45	\$576.78	\$579.72	\$528.67	\$492.08	\$505.83	\$484.91	\$555.56
60	\$846.42	\$784.48	\$710.37	\$779.84	\$692.58	\$722.84	\$620.94	\$629.08	\$599.29	\$602.34	\$549.30	\$511.28	\$525.57	\$503.82	\$577.25
61	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75
62	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75
63	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75
64+	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia 2014 Small Group Rate Filing HIOS Issuer ID: 94506 HIOS Product ID

Form Numbers: DC-SG-HMO-FACE(01-14)HIX, DC-SG-POS-FACE(01-14)HIX, EOC-COVER (1-05), DC-SG-WRAP(01-14)HIX, KFHP-EOC COVER (01/10)DC, DCLG-ALL-TOC(1-05), DC-SG-SEC1(01-14)HIX, DC-SG-SEC2(01-14)HIX, DC-SG-SEC3(01-14)HIX, DC-SG-SEC3(01-14)HIX, DC-SG-SEC5(01-14)HIX, DC-SG-SEC6(01-14)HIX, DC-SG-SEC7(01-14)HIX, DC-SG-APP-DEF(01-14)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-14)HIX, DC-SG-GOLD-0-30-DENTAL-HMO-COST(01-14)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-14)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-1250-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-2000-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-14)HIX, DC-SG-GOLD-0-30-DENTAL-HMO-RX(01-14)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-14)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-14)HIX, DC-SG-SILVER-1250-35-DENTAL-DHMO-RX(01-14)HIX, DC-SG-SILVER-2000-35-DENTAL-DHMO-RX(01-14)HIX, DC-SG-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX, DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14)HIX, DC-SG-DENTAL-ADULT(01-14)HIX, DC-POS-AMEND(01-14)HIX

Actuarial Memorandum

I, Peter Berry, Senior Actuarial Director for Kaiser Foundation Health Plan, Inc. (Kaiser), am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for the Small Group plans sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2014.

This rate filing applies to forms that are open to new sales. This filing does not cover grandfathered products that existed prior to 2014 that will be offered off the exchange only.

Kaiser Foundation Health Plan is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans.

I am the primary contact for submission of this filing. My telephone number is 301-816-6872 and my email address is peter.berry@kp.org.

Proposed Rate Increases

The plans included in this filing are new plans and therefore do not have rate increases.

Experience Period Claims

Base period data:

The Revenue Requirement for 2014 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Child-Only, Conversion, Dues Subsidy, Individually Medically Underwritten and Small Group lines of business incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2014. Allowed claims for internal services come directly from allocated costs while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

Capitations:

Kaiser Permanente has contracted with Dominion Dental to provide dental care to Kaiser members. Kaiser pays Dominion Dental a fixed capitation of \$1.15 PMPM to cover adult preventative. Other dental products are offered as riders. The \$1.15 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, the \$1.15 is added back as a non-EHB in Exhibit 14. The \$1.15 charged in 2014 is a direct pass through for Kaiser to Dominion Dental.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to Kaiser's external allowed costs. Most of Kaiser's expenses are internal fixed costs, which are allocated and do not have any lag in reporting.

The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business by type of service. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit

1 line 3. It is the per member per month allowed claims less essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16 and is adjusted to age 21.

Premium:

Premium in Worksheet 1 Section I was captured for calendar year 2012 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Benefit Categories:

The benefit categories in Section II of Worksheet 1 are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustment in Worksheet 1 Section II is taken from row (10) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2014 membership. The development of this factor along with the documentation of the assumptions is included in Exhibits 7.1-7.3.

Assumptions are documented in those exhibits regarding the current relative morbidity of Kaiser's population along with the expected morbidity of the future market relative to Kaiser and are based on internal studies, a Wakely Consulting Group study conducted for Kaiser and other industry reports such as those released by the Society of Actuaries. Growth assumptions for the market as a whole and Kaiser specifically are used to calculate Kaiser's 2014 expected relative morbidity to the market.

The "Other" adjustment in Section II Worksheet 1 is an adjustment to reflect that family contracts are limited to three dependents in 2014 as well as an adjustment for the leveraging of fixed costs in 2014. The latter is documented in Exhibit 8. The estimate for the three dependent adjustment was provided by another Kaiser actuary, Juan Herrera, and I am relying on his work.

Also included in the "Other" adjustment is the net impact of changes in utilization copay effect between the base and projection periods. This is calculated by dividing the average base period utilization copay adjustment in Exhibit 4 by the average utilization copay effect in the projection period as determined by the pricing model described below under "AV Pricing Values".

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in Projection Period in Section III of Worksheet 1 is a composite of the plan factors (paid to allowed) for the new plans list in Worksheet 2 for the Small Group line of business. The composite

factor was calculated as a weighted average of the new plans based on projected members discussed below. The development of the plan factor for each plan is discussed in the “AV Pricing Values” below.

Index Rate for the Projection Period:

The index rate for the projection period in Worksheet 1 Section III in cell V44 represents the age 21 index rate and is developed in Exhibit 1 and shown on line 16 in that exhibit.

Risk Adjustment

Exhibits 7.1-7.3 document the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the risk adjustment receipts anticipated in the rating period based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

Reinsurance

The reinsurance fee is included in the administrative expense as discussed below.

Administrative Expense

Retention includes broker commissions, administrative expenses, fees and taxes and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Profit and Risk Margin

As mentioned above, the capital contribution of 2%, shown in Exhibit 9, is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan.

Taxes and Fees

Administrative expense has been adjusted to reflect the PCORI tax and the insurer tax that will apply in 2014 and the reinsurance fee. The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 22.0%, which includes a 2% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 80.0% because taxes can be adjusted out of the MLR calculation. The ultimate MLR would be expected to be slightly higher than 80.0% due to other allowed adjustments to both claims and premium in the federally prescribed methodology.

Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are document below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Age/Gender Normalization:

Base period claims experience is normalized for age and gender for the non-grandfathered population. An average age was derived by applying 2012 member months to the DISB age factors indexed to age 21, shown in Exhibit 13. The allowed claims are then divided by this factor to adjust to a 21 year-old level. Average age factors by line of business are summarized in Exhibit 5.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, our projected total annualized medical expense trend for Individual is 3.5% and is shown in Exhibit 6 of our filing.

Fixed Cost Adjustment:

As mentioned above, a large portion of Kaiser's expense are fixed costs that do not vary with the number of members covered. Therefore, as Kaiser increases the number of members it covers, the PMPM value of the fixed costs decreases. The development of this factor is shown in Exhibit 8.

Alternative AV Calculations

The AV Calculator does not have an option for outpatient facility copay. To calculate the impact on the actuarial value of the plan for this benefit we used the alternate method described in 156.135 (b)(2). We requested from a major actuarial consulting firm the national average allowed amount for outpatient facility costs in 2014. To determine AVs for plans outpatient facility copays, we propose an OP Copay Converter to be used with the AV calculator. To create this converter, we then compared the copay amount to the estimated average national OP facility allowed amount to calculate the implied coinsurance % for OP procedures. This coinsurance should only be applied to the OP facility cost and not the OP professional cost, which should be covered at 100%.

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An adjustment has been made to the base period allowed amount to remove the Non-EHB benefits from the Index Rate. This multiplier was calculated by summing the allowed amount for Non-EHB benefits in the base period and adding the adult preventive dental capitation and then dividing by total allowed.

The multiplier excluding the dental capitation is used to add back Non-EHB benefits when calculating the AV Pricing Values for each plan.

As discussed above, \$1.15 PMPM is then added to each adult rate for the adult preventive dental capitation paid as a pass-through to Dominion Dental.

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Exhibit 12 includes a quarterly rate adjustment to the rates based on an annual trend of 3.5%

Additional URRT Items

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The total membership projection included across new plans in Section II of Worksheet 2 is developed by considering Kaiser's current membership, the expected uptake of the uninsured in the 2014 exchange and the Kaiser's expected market share of that growth in the rating period. Detailed assumptions are presented and documented in Exhibits 7.1-7.3.

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Exhibit 1 shows the development of the Index Rate from the period Medical Cost Data. The final 2014 rates by plan and age are developed by applying plan factors, non-EHB benefit costs, admin expense and dental capitation to the index rate to get a plan specific PMPMs. The plan specific PMPMs are multiplied by the age slope to generate age

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This filing is in conformity with all applicable Actuarial Standards of Practice, including ASOP No. 8. To the best of my knowledge, the rating methodologies of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the development of the Index Rate comply with the applicable District and Federal Statutes and Regulations (45 CFR 156.80(d)(1). The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The rating methodologies produce premiums that are reasonable in relation to benefits being provided and the populations being covered and are based on sound and commonly accepted actuarial principles and are neither excessive nor deficient.



Peter Berry, FSA, MAAA
Senior Actuarial Director
Kaiser Foundation Health Plan, Inc.
5/31/2013

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

District of Columbia 2014 Small Group Rate Filing HIOS Issuer ID: 94506 HIOS Product ID

Form Numbers: DC-SG-HMO-FACE(01-14)HIX, DC-SG-POS-FACE(01-14)HIX, EOC-COVER (1-05), DC-SG-WRAP(01-14)HIX, KFHP-EOC COVER (01/10)DC, DCLG-ALL-TOC(1-05), DC-SG-SEC1(01-14)HIX, DC-SG-SEC2(01-14)HIX, DC-SG-SEC3(01-14)HIX, DC-SG-SEC3(01-14)HIX, DC-SG-SEC5(01-14)HIX, DC-SG-SEC6(01-14)HIX, DC-SG-SEC7(01-14)HIX, DC-SG-APP-DEF(01-14)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-14)HIX, DC-SG-GOLD-0-30-DENTAL-HMO-COST(01-14)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-14)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-1250-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-2000-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-14)HIX, DC-SG-GOLD-0-30-DENTAL-HMO-RX(01-14)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-14)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-14)HIX, DC-SG-SILVER-1250-35-DENTAL-DHMO-RX(01-14)HIX, DC-SG-SILVER-2000-35-DENTAL-DHMO-RX(01-14)HIX, DC-SG-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX, DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-GOLD-1500-30-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-RX(01-14)HIX, DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14)HIX, DC-SG-DENTAL-ADULT(01-14)HIX, DC-POS-AMEND(01-14)HIX

Actuarial Memorandum

I, Peter Berry, Senior Actuarial Director for Kaiser Foundation Health Plan, Inc. (Kaiser), am a member of the American Academy of Actuaries. I meet the qualification standards for certifying Regulatory Filings for Rates and Financial Projections for Health Plans. This Actuarial Certification applies to the attached filing for an approval of premium rates for the Small Group plans sold on the exchange. This actuarial memorandum documents the assumptions and sources of data pertaining to the development of Kaiser premium rates effective January 2014.

This rate filing applies to forms that are open to new sales. This filing does not cover grandfathered products that existed prior to 2014 that will be offered off the exchange only.

Kaiser Foundation Health Plan is an HMO company and offers traditional HMO copayment plans covering medical and pharmacy claims expenses. Kaiser also offers Deductible and High Deductible plans, some of which are HSA qualified and a limited number of Point of Service type plans.

I am the primary contact for submission of this filing. My telephone number is 301-816-6872 and my email address is peter.berry@kp.org.

Proposed Rate Increases

The plans included in this filing are new plans and therefore do not have rate increases.

Experience Period Claims

Base period data:

The Revenue Requirement for 2014 for the new ACA plans is developed by accumulating District of Columbia-specific medical and administrative expenses for essential health benefits (EHB) for non-grandfathered business in the Child-Only, Conversion, Dues Subsidy, Individually Medically Underwritten and Small Group lines of business incurred and paid in the period January 2012 through December 2012 including the incurred but not reported estimates for external expense. Allowed cost data from internal costs, fee for service claims, and prescription drug claims are trended to 2014. Allowed claims for internal services come directly from allocated costs while allowed claims for external expenses are calculated as estimated incurred plus member cost sharing.

Capitations:

Kaiser Permanente has contracted with Dominion Dental to provide dental care to Kaiser members. Kaiser pays Dominion Dental a fixed capitation of \$1.15 PMPM to cover adult preventative. Other dental products are offered as riders. The \$1.15 PMPM is part of the base period allowed amount, shown in Exhibit 2. It is then removed as a non-Essential Health Benefit in Exhibit 3. Finally, the \$1.15 is added back as a non-EHB in Exhibit 14. The \$1.15 charged in 2014 is a direct pass through for Kaiser to Dominion Dental.

Incurred Estimates on External Expense:

A common reserve tool developed and maintained by Kaiser Actuarial Services is used to set Kaiser's IBNR reserves. Kaiser's common reserve tool uses historical claim lag averages to project anticipated future payments. IBNR levels are set for line of business and service line breakouts. Note that the IBNR applies only to Kaiser's external allowed costs. Most of Kaiser's expenses are internal fixed costs, which are allocated and do not have any lag in reporting.

The completion factors used to complete the base period external claims are taken from Kaiser's overall commercial line of business by type of service. The claims are incurred and paid in 2012 so a 12/12 completion factor is used.

Part I Unified Rate Review Template

Base Period Experience:

The base period experience in Worksheet 1 Section I and in Worksheet 2 Section III is the combined experience of the Small Group and Individual markets. The Index Rate of the Experience Period in cell G17 is taken from Exhibit

1 line 3. It is the per member per month allowed claims less essential health benefits from the base period. Therefore, it represents the average age of the members in the risk pool. The Index Rate for the Projection period, discussed below, is taken from Exhibit 1 Line 16 and is adjusted to age 21.

Premium:

Premium in Worksheet 1 Section I was captured for calendar year 2012 for all members in the base period single (combined Small Group and Individual) pool. There were no MLR rebates for these members in this period. For Dues Subsidy members, the whole premium was captured and not just the portion paid by the member.

Benefit Categories:

The benefit categories in Section II of Worksheet 1 are mapped based on type of service and place of treatment codes. For example:

Benefit Category	Services
Inpatient Hospital	Inpatient Facility, Inpatient Visits (Rounding), Inpatient Surgery - Non Maternity, Maternity
Outpatient Hospital	Outpatient Facility, Emergency/Urgent Care, Hospital Outpatient Other Professional, Outpatient Surgery
Professional	Diagnostic Services, Office Visits, Cardiovascular, Chemotherapy/Pharmacy, Dialysis, PT/OT/ST
Other Medical	Other Services
Capitation	Adult Preventive Dental
Prescription Drug	Pharmacy

Morbidity and Other Adjustments:

The morbidity adjustment in Worksheet 1 Section II is taken from row (10) in the attached Exhibit 1 and reflect the morbidity in the single risk pool (Small Group and Individual combined) of our expected 2014 membership. The development of this factor along with the documentation of the assumptions is included in Exhibits 7.1-7.3.

Assumptions are documented in those exhibits regarding the current relative morbidity of Kaiser's population along with the expected morbidity of the future market relative to Kaiser and are based on internal studies, a Wakely Consulting Group study conducted for Kaiser and other industry reports such as those released by the Society of Actuaries. Growth assumptions for the market as a whole and Kaiser specifically are used to calculate Kaiser's 2014 expected relative morbidity to the market.

The "Other" adjustment in Section II Worksheet 1 is an adjustment to reflect that family contracts are limited to three dependents in 2014 as well as an adjustment for the leveraging of fixed costs in 2014. The latter is documented in Exhibit 8. The estimate for the three dependent adjustment was provided by another Kaiser actuary, Juan Herrera, and I am relying on his work.

Also included in the "Other" adjustment is the net impact of changes in utilization copay effect between the base and projection periods. This is calculated by dividing the average base period utilization copay adjustment in Exhibit 4 by the average utilization copay effect in the projection period as determined by the pricing model described below under "AV Pricing Values".

All the factors discussed above in the Morbidity and Other Adjustments are based on Small Group and Individual experience combined.

Paid to Allowed Ratio:

The Paid to Allowed Average Factor in Projection Period in Section III of Worksheet 1 is a composite of the plan factors (paid to allowed) for the new plans list in Worksheet 2 for the Small Group line of business. The composite

factor was calculated as a weighted average of the new plans based on projected members discussed below. The development of the plan factor for each plan is discussed in the “AV Pricing Values” below.

Index Rate for the Projection Period:

The index rate for the projection period in Worksheet 1 Section III in cell V44 represents the age 21 index rate and is developed in Exhibit 1 and shown on line 16 in that exhibit.

Risk Adjustment

Exhibits 7.1-7.3 document the development of the Risk Adjustment index rate factor. The index rate is adjusted to reflect the risk adjustment receipts anticipated in the rating period based on the expected risk profile relative to the market of the Small Group line only based on DISB guidance.

Reinsurance

The reinsurance fee is included in the administrative expense as discussed below.

Administrative Expense

Retention includes broker commissions, administrative expenses, fees and taxes and capital contribution. Commissions are paid to Brokers of Record. The capital contribution is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan. As a group model HMO, Kaiser owns a significant portion of the health care delivery system. In other health care delivery models, capital contributions are included in fee for service payments, whereas for Kaiser these are funded through premium rates.

Profit and Risk Margin

As mentioned above, the capital contribution of 2%, shown in Exhibit 9, is an amount to maintain and expand medical center facilities where members receive the majority of health care in the Kaiser Foundation Health Plan.

Taxes and Fees

Administrative expense has been adjusted to reflect the PCORI tax and the insurer tax that will apply in 2014 and the reinsurance fee. The amount is shown as percent in Exhibit 9.

Projected Loss Ratio

Based on a target admin percentage of 22.0%, which includes a 2% capital contribution margin, we anticipate an MLR based on federally prescribed methodology to be at least 80.0% because taxes can be adjusted out of the MLR calculation. The ultimate MLR would be expected to be slightly higher than 80.0% due to other allowed adjustments to both claims and premium in the federally prescribed methodology.

Index Rate

The development of the index rate is summarized in Exhibit 1 and is based on combined experience of non-grandfathered Individual and Small Group experience as described above. The following factors along with Risk Adjustment and Reinsurance described above have been considered in the development and are document below.

Utilization copayment effect adjustment:

Allowed claims are grossed up for anticipated changes in the average utilization of services due to average cost sharing requirements in the base period. Member cost sharing results in lower utilization and, thus, lower allowed costs, than would otherwise occur in a zero cost share environment. An estimate based on industry standard factors has been made at the plan level to adjust our base period data to what would have been expected in a zero cost share environment in order to normalize for the utilization copayment effect. These adjustments are documented in Exhibit 4.

Age/Gender Normalization:

Base period claims experience is normalized for age and gender for the non-grandfathered population. An average age was derived by applying 2012 member months to the DISB age factors indexed to age 21, shown in Exhibit 13. The allowed claims are then divided by this factor to adjust to a 21 year-old level. Average age factors by line of business are summarized in Exhibit 5.

Trend:

The future trend numbers are based on actuarial judgment considering a mixture of expected industry trends, future fixed costs, and expected internalization of services. As an integrated health care provider, a large portion of Kaiser's expenses are the fixed costs associated with providing medical care through our centers. Therefore, the projected cost that is included in our total revenue requirement is largely based on budgeting. For traditional carriers, projected claims trends are developed to project expected costs. However, given Kaiser's fixed cost structure, Kaiser's projected claims trends fall out of the development of projected budgeted costs. For 2012 to 2014, our projected total annualized medical expense trend for Individual is 3.5% and is shown in Exhibit 6 of our filing.

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Peter Berry, FSA, MAAA
Senior Actuarial Director
Kaiser Foundation Health Plan, Inc.
5/31/2013

Index Rate Development
Summary Index Rate Calculation - Small Group
Exhibit 1

				<u>Source</u>
(1)	Base Period Allowed	\$315.23	Exhibits 2	
(2)	Non-EHB Claims Adjustment	0.9850	Exhibits 3	
(3)	EHB Base Period Allowed	\$310.49		
(4)	Utilization Impact	1.085	Exhibits 4	
(5)	Age/Gender Adjustment	0.675	Exhibits 5	
(6)	Normalized Allowed	\$227.30	[(3) * (4) * (5)]	
(7)	Annualized Trend	3.5%	Exhibit 6	
(8)	Months of Trend	24		
(9)	Trend Factor	1.072	[{ 1 + (7) } ^ {(8)/12}]	
(10)	Change in Morbidity	1.093	Exhibit 7.1-7.3	
(11)	Contract Limit of 3 Children Factor	1.005		
(12)	Exchange Fee	1.000		
(13)	Fixed Cost Adjustment	0.986	Exhibit 8 converted to % of Index Rate	
(14)	Combined Index Rate Prior to Separate Modifiers	\$264.01	(6) * (9) * (10) * (11) * (12) *(13)	
(15)	Risk Adjustment	0.944	Exhibit 7.3	
(16)	Index Rate	\$249.33	(14) * (15)	

Allowed Claims Development
Exhibit 2

Current Pool	Current Plans	Member Months	Allowed Internal	Capitation	External				Total
					Paid	IBNR	Member Cost Share	Allowed	
Individual	All	10,647	\$195.98	\$1.15	\$72.66	\$9.04	\$10.86	\$92.55	\$289.68
Small Group	All	35,950	\$194.27	\$1.15	\$106.27	\$13.00	\$8.10	\$127.37	\$322.79
Grand Total		46,597	\$194.66	\$1.15	\$98.59	\$12.10	\$8.73	\$119.42	\$315.23

Non-EHB Adjustments
Exhibit 3

Current Pool	Current Plans	Member Months	Non-EHB PMPM
Individual	All	10,647	\$4.30
Small Group	All	35,950	\$4.86
Grand Total		46,597	\$4.73

Multiplier to Remove Non-EHB [1 - (Non-EHB PMPM / Allowed PMPM)]	0.9850
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Utilization Copayment Effect Adjustment
Exhibit 4

Current Pool	Current Plan	Member Months	Allowed Amount	Copay Impact
Individual	All	10,647	\$289.68	0.902
Small Group	All	35,950	\$322.79	0.927
Grand Total		46,597	\$315.23	0.922

Adjustment Factor is the Inverse of the Total	1.085
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Age/Gender Adjustment
Exhibit 5

Current Pool	Current Plan	Member Months	Average Age/Gender	Adjustment Factor
Individual	All	10,647	1.398	0.715
Small Group	All	35,950	1.507	0.664
Grand Total		46,597	1.482	0.675

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Exhibit 6
Trend Calculation

Category	Weight	2012 to 2014 Annualized Trend
Hospital	14.8%	4.5%
Physician Internal	22.8%	4.0%
Referral	3.6%	4.5%
Rx	15.4%	4.5%
Other	43.5%	2.5%
Composite	100.0%	3.5%

Risk Adjustment and Morbidity Development
Exhibit 7.1

Development of Risk Adjustment Factor Applied to Index Rate

	<u>Small</u>	<u>Individual</u>	<u>Total</u>
Average Members	3,454	2,720	6,174
Adjustment for change in risk in Kaiser membership	105.9%	113.7%	109.3%
Adjustment for risk adjustment recoveries	94.4%	91.9%	93.3%

Risk Adjustment and Morbidity Development - Individual
Exhibit 7.2

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2012 Average Members</u>	<u>Morbidity</u>
(1) Non-Grandfathered Guaranteed Issue	6	1.823
(2) Non-Grandfathered Medically Underwritten ¹	820	0.983
(3) Dues Subsidy	649	0.937
(4) Total	1,474	0.966

Impact of projected membership to Kaiser risk profile in 2014 relative to current market

	<u>Average Members</u>	<u>Morbidity</u>
(5) Current Members [from (4) above]	1,474	0.966
(6) Gender to Unisex Selection Adjustment	205	1.100
(7) Total Morbidity Change	1,474	0.979
(8) New Entrants and Transfers	1,246	1.238
(9) Subtotal	2,720	1.098

Impact to Current Market from all new entrants in 2014

	<u>Average Members</u>	<u>Risk Relativity</u>
(10) Current Market	14,565	1.000
(11) Uninsured New Entrants ²	604	1.300
(12) Transfers from Group	4,322	1.000
(13) 2014 Market	19,491	1.009
(14) Kaiser risk relativity to 2014 market [(9) / (13)]		1.088

Development of Risk Adjustment Factor Applied to Index Rate

(15) Adjustment for change in risk in Kaiser membership [(9) / (4)]	113.7%
(16) Adjustment for risk adjustment recoveries [1 / (14)]	91.9%

¹ Non-Grandfathered Kaiser members have a current risk profile of 1.000 to all Kaiser medically underwritten members based on DxCG risk scoring. Current Kaiser Medically Underwritten relativity to market is assumed to be 1.05.

Risk Adjustment Factor - Small Group
Exhibit 7.3

Current Risk Profile of Non-Grandfathered Kaiser members relative to current market

	<u>CY 2012 Average Members</u>	<u>Morbidity</u>
(1) Non-Grandfathered ¹	2,996	1.000

Impact of projected membership to Kaiser risk profile in 2014 relative to current market

	<u>Average Members</u>	<u>Morbidity</u>
(2) Current Members [from (1) above]	2,996	1.000
(3) Exit Kaiser Small Group ²	(853)	0.800
(4) New Kaiser members formerly uninsured ³	328	1.100
(5) New to Kaiser from other carriers	983	1.000
(6) Subtotal	3,454	1.059

	<u>Average Members</u>	
(7) Current Market	50,762	1.000
(8) Enter 2014	1,678	1.000
(9) Exit 2014	6,000	1.000
(10) Net 2014 Market	46,440	1.000
(11) Kaiser risk relativity to 2014 market [(6) / (10)]		1.059

Development of Risk Adjustment Factor Applied to Index Rate

(12) Adjustment for change in risk in Kaiser membership [(6) / (1)]	105.9%
(13) Adjustment for risk adjustment recoveries [1 / (11)]	94.4%
(14) Total Adjustment [(12) * (13)]	100.0%

¹ Current Kaiser portfolio is expected to be 1.000 to market.

² Transfers to Kaiser Individual and other carriers

³ Assumes new Kaiser members are 1.1 to market since going from underwritten to guaranteed issue market

Fixed Cost Adjustment - Small Group
Exhibit 8

Current Total Commercial Member Months	5,817,979
New total with growth	6,177,979
Current Commercial Fixed	343,729,044
Change in Fixed PMPM	-\$3.44

Budget assumes 30,000 new members for all of 2014

Administrative Expense Factor - Small Group
Exhibit 9

Retention Category	Percent of Retention
Claims Processing	0.76%
Customer Service	1.60%
Taxes	2.95%
Capital Contribution	2.00%
Member Satisfaction Survey	0.17%
Member Communication Materials	0.41%
Open Enrollment	0.41%
Utilization Review	0.52%
Care Management	0.78%
Ad Hoc Reports	0.25%
Other - Community Service	0.30%
Corporate and Other Overhead	5.85%
Commissions	6.00%
Total	22.00%

Adjustments to the Index Rate
Exhibit 10

Plans	Metallic Level	Name	Allowable Modifiers		
			Plan Factor	Non-EHB	Admin
1	Platinum	KP DC Platinum 0/20/Dental/Sig	0.8824	1.0112	1.2821
2	Platinum	KP DC Platinum 500/20/Dental/Sig	0.8177	1.0112	1.2821
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	0.7404	1.0112	1.2821
4	Gold	KP DC Gold 0/30/Dental/Sig	0.8129	1.0112	1.2821
5	Gold	KP DC Gold 1000/30/Dental/Sig	0.7218	1.0112	1.2821
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	0.7534	1.0112	1.2821
7	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	0.6470	1.0112	1.2821
8	Silver	KP DC Silver 1250/35/Dental/Sig	0.6555	1.0112	1.2821
9	Silver	KP DC Silver 2000/35/Dental/Sig	0.6244	1.0112	1.2821
10	Silver	KP DC Silver 1500/30/HSA/Dental/Sig	0.6276	1.0112	1.2821
11	Silver	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	0.5722	1.0112	1.2821
12	Bronze	KP DC Bronze 4500/50/Dental/Sig	0.5325	1.0112	1.2821
13	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	0.5474	1.0112	1.2821
14	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	0.5247	1.0112	1.2821
15	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	0.6014	1.0112	1.2821

AV Calculator Values
Exhibit 11

Plans	Metallic Level	Name	AV Value
1	Platinum	KP DC Platinum 0/20/Dental/Sig	0.904
2	Platinum	KP DC Platinum 500/20/Dental/Sig	0.885
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	0.881
4	Gold	KP DC Gold 0/30/Dental/Sig	0.816
5	Gold	KP DC Gold 1000/30/Dental/Sig	0.782
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	0.781
7	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	0.795
8	Silver	KP DC Silver 1250/35/Dental/Sig	0.714
9	Silver	KP DC Silver 2000/35/Dental/Sig	0.697
10	Silver	KP DC Silver 1500/30/HSA/Dental/Sig	0.684
11	Silver	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	0.695
12	Bronze	KP DC Bronze 4500/50/Dental/Sig	0.612
13	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	0.608
14	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	0.591
15	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	0.612

Quarterly Rate Factors
Exhibit 12

Plans	Metallic Level	Name	2Q 2014	3 Q 2014	4 Q 2014
1	Platinum	KP DC Platinum 0/20/Dental/Sig	1.009	1.018	1.026
2	Platinum	KP DC Platinum 500/20/Dental/Sig	1.009	1.018	1.026
3	Platinum	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	1.009	1.018	1.026
4	Gold	KP DC Gold 0/30/Dental/Sig	1.009	1.018	1.026
5	Gold	KP DC Gold 1000/30/Dental/Sig	1.009	1.018	1.026
6	Gold	KP DC Gold 1250/0%/HSA/Dental/Sig	1.009	1.018	1.026
7	Gold	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	1.009	1.018	1.026
8	Silver	KP DC Silver 1250/35/Dental/Sig	1.009	1.018	1.026
9	Silver	KP DC Silver 2000/35/Dental/Sig	1.009	1.018	1.026
10	Silver	KP DC Silver 1500/30/HSA/Dental/Sig	1.009	1.018	1.026
11	Silver	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	1.009	1.018	1.026
12	Bronze	KP DC Bronze 4500/50/Dental/Sig	1.009	1.018	1.026
13	Bronze	KP DC Bronze 3500/20%/HSA/Dental/Sig	1.009	1.018	1.026
14	Bronze	KP DC Bronze 4500/20/HSA/Dental/Sig	1.009	1.018	1.026
15	Bronze	KP DC Bronze 4500/50/POS/Dental/Sig	1.009	1.018	1.026

Age Factors
Exhibit 13

Age	Age Slope	Age Factor Indexed to Age 21
20	0.727	1.00
21	0.727	1.00
22	0.727	1.00
23	0.727	1.00
24	0.727	1.00
25	0.727	1.00
26	0.727	1.00
27	0.727	1.00
28	0.727	1.00
29	0.727	1.00
30	0.727	1.00
31	0.727	1.00
32	0.727	1.00
33	0.746	1.03
34	0.775	1.07
35	0.805	1.11
36	0.836	1.15
37	0.869	1.20
38	0.903	1.24
39	0.938	1.29
40	0.975	1.34
41	1.013	1.39
42	1.053	1.45
43	1.094	1.50
44	1.137	1.56
45	1.181	1.62
46	1.227	1.69
47	1.275	1.75
48	1.325	1.82
49	1.377	1.89
50	1.431	1.97
51	1.487	2.05
52	1.545	2.13
53	1.605	2.21
54	1.668	2.29
55	1.733	2.38
56	1.801	2.48
57	1.871	2.57
58	1.944	2.67
59	2.02	2.78
60	2.099	2.89
61	2.181	3.00
62	2.181	3.00
63	2.181	3.00
64+	2.181	3.00

Adult Preventive Dental Capitation Rates
Exhibit 14

Age	Age Related
20	\$0.00
21	\$1.15
22	\$1.15
23	\$1.15
24	\$1.15
25	\$1.15
26	\$1.15
27	\$1.15
28	\$1.15
29	\$1.15
30	\$1.15
31	\$1.15
32	\$1.15
33	\$1.15
34	\$1.15
35	\$1.15
36	\$1.15
37	\$1.15
38	\$1.15
39	\$1.15
40	\$1.15
41	\$1.15
42	\$1.15
43	\$1.15
44	\$1.15
45	\$1.15
46	\$1.15
47	\$1.15
48	\$1.15
49	\$1.15
50	\$1.15
51	\$1.15
52	\$1.15
53	\$1.15
54	\$1.15
55	\$1.15
56	\$1.15
57	\$1.15
58	\$1.15
59	\$1.15
60	\$1.15
61	\$1.15
62	\$1.15
63	\$1.15
64+	\$1.15

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective January 1, 2014
District of Columbia Small Group Exchange
Appendix I-A

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/20/Dental/Sig	KP DC Gold 1000/20/Dental/Sig	KP DC Gold 12500%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/30/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/30/POS/Dental/Sig
20 and Under	\$285.23	\$264.33	\$239.32	\$262.76	\$233.32	\$243.53	\$209.14	\$211.89	\$201.84	\$202.87	\$184.97	\$172.14	\$176.96	\$169.62	\$194.40
21	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
22	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
23	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
24	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
25	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
26	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
27	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
28	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
29	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
30	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
31	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
32	\$286.38	\$265.48	\$240.47	\$263.91	\$234.47	\$244.68	\$210.29	\$213.04	\$202.99	\$204.02	\$186.12	\$173.29	\$178.11	\$170.77	\$195.55
33	\$293.83	\$272.39	\$246.73	\$270.78	\$240.57	\$251.04	\$215.76	\$218.58	\$208.26	\$209.32	\$190.95	\$177.79	\$182.74	\$175.21	\$200.63
34	\$305.21	\$282.93	\$256.27	\$281.26	\$249.87	\$260.76	\$224.10	\$227.03	\$216.32	\$217.41	\$198.33	\$184.65	\$189.80	\$181.97	\$208.38
35	\$316.98	\$293.84	\$266.15	\$292.11	\$259.50	\$270.81	\$232.73	\$235.77	\$224.64	\$225.78	\$205.96	\$191.76	\$197.10	\$188.97	\$216.41
36	\$329.14	\$305.11	\$276.35	\$303.31	\$269.45	\$281.19	\$241.65	\$244.81	\$233.25	\$234.44	\$213.85	\$199.10	\$204.64	\$196.21	\$224.70
37	\$342.09	\$317.11	\$287.22	\$315.24	\$280.04	\$292.25	\$251.14	\$254.43	\$242.41	\$243.64	\$222.25	\$206.91	\$212.68	\$203.91	\$233.52
38	\$355.43	\$329.47	\$298.41	\$327.53	\$290.96	\$303.64	\$260.93	\$264.34	\$251.85	\$253.13	\$230.90	\$214.96	\$220.95	\$211.84	\$242.61
39	\$369.16	\$342.20	\$309.95	\$340.18	\$302.19	\$315.36	\$270.99	\$274.54	\$261.57	\$262.90	\$239.80	\$223.25	\$229.47	\$220.00	\$251.97
40	\$383.68	\$355.65	\$322.11	\$353.55	\$314.06	\$327.76	\$281.64	\$285.32	\$271.84	\$273.22	\$249.22	\$232.01	\$238.48	\$228.64	\$261.86
41	\$398.59	\$369.46	\$334.62	\$367.28	\$326.26	\$340.48	\$292.57	\$296.40	\$282.39	\$283.83	\$258.89	\$241.01	\$247.73	\$237.50	\$272.03
42	\$414.28	\$384.01	\$347.79	\$381.74	\$339.09	\$353.88	\$304.08	\$308.06	\$293.50	\$294.99	\$269.06	\$250.48	\$257.46	\$246.84	\$282.72
43	\$430.37	\$398.91	\$361.29	\$396.56	\$352.25	\$367.62	\$315.87	\$320.01	\$304.88	\$306.43	\$279.49	\$260.19	\$267.44	\$256.40	\$293.69
44	\$447.24	\$414.55	\$375.44	\$412.10	\$366.05	\$382.02	\$328.24	\$332.54	\$316.82	\$318.43	\$290.43	\$270.37	\$277.91	\$266.44	\$305.18
45	\$464.50	\$430.55	\$389.93	\$428.00	\$380.17	\$396.76	\$340.90	\$345.56	\$329.03	\$330.71	\$301.63	\$280.79	\$288.62	\$276.70	\$316.95
46	\$482.55	\$447.27	\$405.07	\$444.63	\$394.94	\$412.17	\$354.13	\$358.77	\$341.81	\$343.54	\$313.33	\$291.88	\$299.82	\$287.43	\$329.25
47	\$501.38	\$464.72	\$420.87	\$461.98	\$410.34	\$428.25	\$367.94	\$372.76	\$355.13	\$356.94	\$325.55	\$303.04	\$311.50	\$298.63	\$342.08
48	\$521.00	\$482.90	\$437.33	\$480.05	\$426.39	\$445.00	\$382.33	\$387.33	\$369.01	\$370.89	\$338.27	\$314.88	\$323.67	\$310.30	\$355.45
49	\$541.40	\$501.81	\$454.45	\$498.85	\$443.08	\$462.42	\$397.29	\$402.49	\$383.45	\$385.40	\$351.50	\$327.20	\$336.33	\$322.43	\$369.36
50	\$562.59	\$521.44	\$472.22	\$518.36	\$460.41	\$480.51	\$412.82	\$418.23	\$398.44	\$400.47	\$365.24	\$339.98	\$349.47	\$335.03	\$383.80
51	\$584.56	\$541.80	\$490.66	\$538.60	\$478.38	\$499.27	\$428.93	\$434.55	\$413.99	\$416.10	\$379.48	\$353.24	\$363.11	\$348.10	\$398.77
52	\$607.31	\$562.89	\$509.75	\$559.57	\$496.99	\$518.69	\$445.62	\$451.45	\$430.09	\$432.28	\$394.24	\$366.98	\$377.22	\$361.63	\$414.28
53	\$630.85	\$584.71	\$529.50	\$581.25	\$516.25	\$538.79	\$462.88	\$468.94	\$449.51	\$449.02	\$409.18	\$381.18	\$391.83	\$375.63	\$430.33
54	\$655.57	\$607.61	\$550.24	\$604.02	\$536.47	\$559.90	\$481.00	\$487.30	\$464.24	\$466.60	\$425.54	\$396.10	\$407.16	\$390.33	\$447.17
55	\$681.07	\$631.25	\$571.64	\$627.52	\$557.33	\$581.67	\$499.70	\$506.25	\$482.29	\$484.74	\$442.07	\$411.49	\$422.98	\$405.49	\$464.55
56	\$707.75	\$652.99	\$579.15	\$652.09	\$579.15	\$604.45	\$509.03	\$501.17	\$482.99	\$484.74	\$442.07	\$411.49	\$422.98	\$405.49	\$464.55
57	\$735.21	\$681.42	\$617.07	\$677.40	\$601.62	\$627.90	\$539.40	\$546.47	\$520.60	\$523.25	\$477.18	\$444.17	\$456.58	\$437.69	\$501.45
58	\$763.86	\$703.96	\$641.10	\$703.78	\$625.05	\$652.35	\$560.40	\$567.75	\$540.87	\$543.62	\$495.76	\$461.45	\$474.34	\$454.73	\$520.97
59	\$793.67	\$735.60	\$666.12	\$731.25	\$649.44	\$677.81	\$582.27	\$589.90	\$561.97	\$564.83	\$515.09	\$479.45	\$492.84	\$472.46	\$541.30
60	\$824.67	\$764.22	\$692.12	\$759.80	\$674.79	\$704.27	\$604.99	\$612.92	\$583.90	\$586.87	\$535.19	\$498.15	\$512.07	\$490.89	\$562.42
61	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35
62	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35
63	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35
64+	\$856.84	\$794.13	\$719.12	\$789.44	\$701.11	\$731.74	\$628.58	\$636.82	\$606.67	\$609.76	\$556.06	\$517.57	\$532.03	\$510.02	\$584.35

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective April 1, 2014
District of Columbia Small Group Exchange
Appendix II-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
Age	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/30/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/0%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HRA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POS/Dental/Sig
20 and Under	\$287.72	\$266.64	\$241.41	\$245.06	\$235.36	\$245.66	\$213.74	\$210.97	\$203.60	\$204.64	\$186.58	\$173.64	\$178.51	\$171.10	\$196.10
21	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
22	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
23	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
24	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
25	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
26	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
27	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
28	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
29	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
30	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
31	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
32	\$288.87	\$267.79	\$242.56	\$266.21	\$236.51	\$246.81	\$212.12	\$214.89	\$204.75	\$205.79	\$187.73	\$174.79	\$179.66	\$172.25	\$197.25
33	\$296.39	\$274.75	\$248.87	\$273.13	\$242.66	\$253.23	\$217.63	\$220.48	\$210.07	\$211.14	\$192.61	\$179.33	\$184.32	\$176.73	\$202.37
34	\$307.87	\$285.39	\$258.50	\$283.71	\$252.04	\$263.03	\$226.05	\$229.00	\$218.19	\$219.30	\$200.05	\$186.26	\$191.44	\$183.55	\$210.19
35	\$319.74	\$296.39	\$268.46	\$294.64	\$261.76	\$273.16	\$234.75	\$237.82	\$226.59	\$227.75	\$207.75	\$193.42	\$198.81	\$190.61	\$218.29
36	\$332.01	\$307.76	\$278.76	\$305.95	\$271.79	\$283.64	\$243.75	\$246.94	\$235.28	\$236.47	\$215.71	\$200.83	\$206.42	\$197.91	\$226.65
37	\$345.07	\$319.87	\$289.71	\$317.98	\$294.79	\$282.48	\$253.33	\$256.64	\$244.52	\$245.76	\$224.18	\$208.71	\$214.52	\$205.68	\$235.55
38	\$358.52	\$332.33	\$301.00	\$330.37	\$293.48	\$306.28	\$263.19	\$266.63	\$254.04	\$255.33	\$232.90	\$216.83	\$222.87	\$213.68	\$244.72
39	\$372.37	\$345.17	\$312.63	\$343.13	\$304.81	\$318.10	\$273.35	\$276.92	\$263.84	\$265.18	\$241.89	\$225.19	\$231.46	\$221.91	\$254.16
40	\$387.02	\$358.74	\$324.91	\$356.62	\$316.79	\$330.61	\$284.09	\$287.80	\$274.20	\$275.60	\$251.38	\$234.03	\$240.55	\$230.62	\$264.14
41	\$402.06	\$372.68	\$337.53	\$370.48	\$329.09	\$343.45	\$298.97	\$298.97	\$284.85	\$286.29	\$261.13	\$243.10	\$249.88	\$239.57	\$274.39
42	\$417.89	\$387.35	\$350.81	\$385.06	\$342.04	\$356.96	\$306.72	\$310.73	\$296.05	\$297.55	\$271.40	\$252.66	\$259.70	\$248.98	\$285.18
43	\$434.11	\$402.39	\$364.43	\$400.01	\$355.32	\$370.82	\$318.62	\$322.79	\$307.53	\$309.09	\$281.92	\$262.45	\$269.77	\$258.63	\$296.24
44	\$451.13	\$418.16	\$378.71	\$415.69	\$369.24	\$385.35	\$331.10	\$335.43	\$319.57	\$321.20	\$296.96	\$272.72	\$280.33	\$268.75	\$307.84
45	\$468.55	\$434.29	\$393.32	\$431.73	\$383.48	\$400.21	\$343.87	\$348.37	\$331.90	\$333.58	\$304.25	\$283.23	\$291.13	\$279.11	\$319.70
46	\$486.75	\$451.17	\$408.59	\$448.50	\$398.37	\$415.76	\$357.22	\$361.89	\$344.78	\$346.53	\$316.06	\$294.21	\$302.42	\$289.93	\$332.11
47	\$505.75	\$468.77	\$424.53	\$466.00	\$413.91	\$431.98	\$376.00	\$376.00	\$358.22	\$360.04	\$328.38	\$305.68	\$314.21	\$301.23	\$345.06
48	\$525.53	\$487.11	\$441.14	\$484.23	\$430.10	\$448.87	\$385.65	\$390.70	\$372.22	\$374.12	\$341.21	\$317.62	\$326.49	\$313.00	\$358.55
49	\$546.11	\$506.18	\$458.40	\$503.19	\$446.93	\$466.44	\$405.99	\$405.99	\$386.79	\$388.75	\$354.55	\$330.04	\$339.25	\$325.24	\$372.57
50	\$567.49	\$525.98	\$476.34	\$522.88	\$464.41	\$484.69	\$416.41	\$421.87	\$401.91	\$403.95	\$368.41	\$342.94	\$352.51	\$337.95	\$387.14
51	\$589.65	\$546.52	\$494.93	\$543.29	\$482.54	\$503.61	\$432.66	\$438.33	\$417.59	\$419.72	\$382.79	\$356.31	\$366.26	\$351.13	\$402.24
52	\$612.60	\$567.80	\$514.19	\$564.44	\$501.32	\$523.21	\$455.38	\$455.38	\$433.84	\$436.04	\$397.67	\$370.17	\$380.51	\$364.78	\$417.89
53	\$636.35	\$589.80	\$534.11	\$586.32	\$520.74	\$543.48	\$466.91	\$473.02	\$450.64	\$452.93	\$413.07	\$384.50	\$395.24	\$378.90	\$434.07
54	\$661.28	\$612.91	\$555.03	\$609.29	\$541.14	\$564.77	\$485.19	\$491.55	\$468.28	\$470.67	\$429.24	\$399.55	\$410.71	\$393.73	\$451.07
55	\$687.01	\$636.75	\$576.62	\$632.98	\$562.18	\$586.74	\$504.05	\$510.66	\$486.49	\$488.96	\$445.92	\$415.07	\$426.67	\$409.02	\$468.60
56	\$713.92	\$661.69	\$599.20	\$657.78	\$584.20	\$609.71	\$523.79	\$530.65	\$505.53	\$508.10	\$463.37	\$431.31	\$443.36	\$425.03	\$486.94
57	\$741.62	\$687.36	\$622.44	\$683.30	\$606.86	\$633.37	\$544.10	\$551.23	\$525.13	\$527.81	\$481.34	\$448.03	\$460.55	\$441.50	\$505.82
58	\$770.51	\$714.13	\$646.68	\$709.91	\$630.49	\$658.03	\$565.28	\$572.69	\$545.58	\$548.36	\$500.07	\$465.47	\$478.47	\$458.68	\$525.51
59	\$800.59	\$742.01	\$671.92	\$737.62	\$655.09	\$683.71	\$587.34	\$595.03	\$566.86	\$569.75	\$519.58	\$483.62	\$497.14	\$476.57	\$546.01
60	\$831.85	\$770.98	\$698.16	\$766.42	\$680.67	\$710.41	\$610.26	\$618.26	\$588.99	\$591.99	\$539.85	\$502.49	\$516.53	\$495.16	\$567.32
61	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44
62	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44
63	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44
64+	\$864.31	\$801.06	\$725.38	\$796.32	\$707.22	\$738.12	\$634.06	\$642.37	\$611.95	\$615.07	\$560.90	\$522.07	\$536.67	\$514.46	\$589.44

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective July 1, 2014
District of Columbia Small Group Exchange
Appendix III-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
Age	KP DC Platinum 0/20/Dental/Stg	KP DC Platinum 500/20/Dental/Stg	KP DC Platinum 1250/10/HSA/HRA/Dental/Stg	KP DC Gold 0/30/Dental/Stg	KP DC Gold 1000/30/Dental/Stg	KP DC Gold 1250/0%/HSA/Dental/Stg	KP DC Gold 1500/30/HSA/HRA/Dental/Stg	KP DC Silver 1250/35/Dental/Stg	KP DC Silver 2000/35/Dental/Stg	KP DC Silver 1500/30/HSA/Dental/Stg	KP DC Silver 2500/30/HSA/HRA/Dental/Stg	KP DC Bronze 4500/50/Dental/Stg	KP DC Bronze 3500/20%/HSA/Dental/Stg	KP DC Bronze 4500/20/HSA/Dental/Stg	KP DC Bronze 4500/50/POS/Dental/Stg
20 and Under	\$290.23	\$268.96	\$243.52	\$267.37	\$237.41	\$247.80	\$212.81	\$215.61	\$205.38	\$206.43	\$188.21	\$175.16	\$180.06	\$172.60	\$197.81
21	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
22	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
23	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
24	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
25	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
26	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
27	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
28	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
29	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
30	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
31	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
32	\$291.38	\$270.11	\$244.67	\$268.52	\$238.56	\$248.95	\$213.96	\$216.76	\$206.53	\$207.58	\$189.36	\$176.31	\$181.21	\$173.75	\$198.96
33	\$298.97	\$277.14	\$251.03	\$275.51	\$244.76	\$255.43	\$219.52	\$211.89	\$212.97	\$194.28	\$180.88	\$185.92	\$178.26	\$204.13	\$220.43
34	\$310.54	\$287.87	\$260.75	\$286.17	\$254.23	\$265.31	\$228.01	\$230.99	\$220.09	\$221.20	\$201.79	\$187.87	\$193.10	\$185.14	\$212.02
35	\$322.52	\$298.97	\$270.80	\$297.21	\$264.03	\$275.54	\$236.79	\$239.89	\$228.56	\$229.72	\$209.55	\$195.10	\$200.53	\$192.27	\$220.18
36	\$334.89	\$310.44	\$281.18	\$308.61	\$274.15	\$286.10	\$245.87	\$249.08	\$237.32	\$238.52	\$217.58	\$202.57	\$208.21	\$199.63	\$228.61
37	\$348.07	\$322.65	\$292.23	\$320.74	\$284.93	\$297.35	\$255.53	\$258.87	\$246.64	\$247.89	\$226.12	\$210.52	\$216.38	\$207.46	\$237.59
38	\$361.64	\$335.23	\$303.62	\$333.25	\$296.03	\$308.94	\$265.48	\$268.95	\$256.25	\$257.55	\$234.93	\$218.71	\$224.81	\$215.53	\$246.84
39	\$375.61	\$348.17	\$315.35	\$346.12	\$307.46	\$320.87	\$275.73	\$279.33	\$266.13	\$267.49	\$243.99	\$227.14	\$233.47	\$223.84	\$256.37
40	\$390.39	\$361.86	\$327.74	\$359.73	\$319.55	\$333.48	\$286.56	\$290.30	\$276.59	\$277.99	\$253.57	\$236.06	\$242.64	\$232.63	\$266.44
41	\$405.56	\$375.92	\$340.47	\$373.70	\$331.96	\$346.43	\$297.68	\$301.57	\$287.32	\$288.78	\$263.40	\$245.21	\$252.05	\$241.65	\$276.77
42	\$421.52	\$390.72	\$353.87	\$388.41	\$345.02	\$360.07	\$309.39	\$313.44	\$298.62	\$300.14	\$273.76	\$254.85	\$261.96	\$251.14	\$287.66
43	\$437.89	\$405.89	\$367.60	\$403.49	\$358.41	\$374.04	\$321.39	\$325.60	\$310.20	\$311.78	\$284.37	\$264.73	\$272.11	\$260.88	\$298.81
44	\$455.06	\$421.80	\$382.00	\$419.31	\$372.45	\$388.70	\$333.98	\$338.35	\$322.35	\$323.99	\$295.51	\$275.09	\$282.76	\$271.09	\$310.51
45	\$472.62	\$438.07	\$396.74	\$435.49	\$386.82	\$403.70	\$346.86	\$351.40	\$334.78	\$336.48	\$306.90	\$285.69	\$293.66	\$281.53	\$322.49
46	\$490.99	\$455.09	\$412.15	\$452.41	\$401.84	\$419.38	\$360.32	\$365.04	\$347.78	\$349.55	\$318.81	\$296.77	\$305.05	\$292.45	\$335.00
47	\$510.15	\$472.85	\$428.23	\$470.06	\$417.51	\$435.74	\$379.27	\$379.27	\$361.34	\$363.17	\$331.23	\$308.34	\$316.94	\$303.85	\$348.06
48	\$530.11	\$491.35	\$444.98	\$488.45	\$433.84	\$452.78	\$389.01	\$394.10	\$375.46	\$377.37	\$344.18	\$320.38	\$329.33	\$315.72	\$361.67
49	\$550.87	\$510.59	\$462.39	\$507.87	\$450.82	\$470.50	\$409.52	\$409.52	\$390.15	\$392.14	\$357.64	\$332.91	\$342.21	\$328.06	\$375.81
50	\$572.43	\$530.56	\$480.48	\$527.43	\$468.46	\$488.91	\$425.54	\$405.41	\$407.47	\$409.22	\$371.62	\$345.92	\$355.58	\$340.89	\$390.51
51	\$594.78	\$551.28	\$499.24	\$548.03	\$486.74	\$508.00	\$436.43	\$442.15	\$421.23	\$423.37	\$386.12	\$359.41	\$369.45	\$354.18	\$405.74
52	\$617.94	\$572.74	\$518.67	\$569.36	\$505.69	\$527.77	\$453.41	\$459.35	\$437.61	\$439.84	\$401.13	\$373.39	\$383.82	\$367.95	\$421.52
53	\$641.89	\$594.94	\$538.77	\$591.42	\$525.28	\$548.22	\$470.97	\$477.14	\$454.56	\$456.88	\$416.67	\$387.84	\$398.68	\$382.19	\$437.85
54	\$667.04	\$618.25	\$559.87	\$614.59	\$545.85	\$569.69	\$489.41	\$495.83	\$472.36	\$474.76	\$432.98	\$403.02	\$414.28	\$397.15	\$454.99
55	\$692.99	\$642.29	\$581.64	\$638.50	\$567.08	\$591.85	\$508.44	\$515.10	\$490.72	\$493.22	\$449.80	\$418.68	\$430.38	\$412.58	\$472.68
56	\$720.14	\$667.45	\$604.42	\$663.51	\$589.28	\$615.02	\$528.35	\$535.27	\$509.93	\$512.53	\$467.41	\$435.07	\$447.22	\$428.73	\$491.18
57	\$748.08	\$693.35	\$627.87	\$689.25	\$612.14	\$638.88	\$548.84	\$556.03	\$529.71	\$532.40	\$485.53	\$451.93	\$464.56	\$445.35	\$510.23
58	\$777.23	\$720.36	\$652.32	\$716.10	\$635.98	\$663.77	\$570.21	\$577.68	\$550.33	\$553.13	\$504.43	\$469.52	\$482.64	\$462.68	\$530.09
59	\$807.57	\$748.47	\$677.78	\$744.05	\$660.80	\$689.67	\$592.45	\$600.22	\$571.80	\$574.71	\$524.10	\$487.83	\$501.46	\$480.72	\$550.77
60	\$839.10	\$777.70	\$704.24	\$773.10	\$686.60	\$716.60	\$615.58	\$623.65	\$594.12	\$597.14	\$544.56	\$506.86	\$521.03	\$499.48	\$572.26
61	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57
62	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57
63	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57
64+	\$871.84	\$808.04	\$731.70	\$803.26	\$713.38	\$744.55	\$639.58	\$647.97	\$617.28	\$620.43	\$565.78	\$526.62	\$541.34	\$518.94	\$594.57

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Rates effective October 1, 2014
District of Columbia Small Group Exchange
Appendix IV-A

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	Platinum	Platinum	Platinum	Gold	Gold	Gold	Gold	Silver	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze
Age	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HRA/Dental/Sig	KP DC Gold 0/30/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/0%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HRA/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POS/Dental/Sig
20 and Under	\$292.76	\$271.31	\$245.64	\$269.70	\$239.48	\$249.96	\$214.67	\$217.49	\$207.17	\$208.23	\$189.85	\$176.69	\$181.63	\$174.10	\$199.53
21	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
22	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
23	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
24	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
25	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
26	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
27	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
28	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
29	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
30	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
31	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
32	\$293.91	\$272.46	\$246.79	\$270.85	\$240.63	\$251.11	\$215.82	\$218.64	\$208.32	\$209.38	\$191.00	\$177.84	\$182.78	\$175.25	\$200.68
33	\$301.56	\$279.55	\$253.21	\$277.90	\$246.89	\$257.64	\$221.43	\$224.32	\$213.73	\$214.82	\$195.97	\$182.45	\$187.53	\$179.80	\$205.90
34	\$313.24	\$290.37	\$263.01	\$288.66	\$256.44	\$267.62	\$233.00	\$233.00	\$222.00	\$223.12	\$203.54	\$189.50	\$194.78	\$186.75	\$213.86
35	\$325.32	\$301.57	\$273.15	\$299.79	\$266.33	\$277.93	\$238.85	\$241.97	\$230.55	\$231.72	\$211.37	\$196.79	\$202.27	\$193.93	\$222.09
36	\$337.81	\$313.14	\$283.62	\$311.29	\$276.54	\$288.59	\$248.00	\$251.24	\$239.38	\$240.60	\$219.47	\$204.33	\$210.02	\$201.36	\$230.60
37	\$351.10	\$325.45	\$294.77	\$323.53	\$287.41	\$299.94	\$257.75	\$261.12	\$248.78	\$250.05	\$228.09	\$212.35	\$218.26	\$209.26	\$239.66
38	\$364.79	\$338.14	\$306.26	\$336.15	\$298.61	\$311.63	\$267.79	\$271.29	\$258.47	\$259.79	\$236.97	\$220.61	\$226.76	\$217.40	\$248.99
39	\$378.88	\$351.20	\$318.09	\$349.13	\$310.14	\$323.66	\$278.12	\$281.76	\$268.45	\$269.81	\$246.11	\$229.12	\$235.50	\$225.78	\$258.60
40	\$393.78	\$365.01	\$330.59	\$362.86	\$322.32	\$336.38	\$289.05	\$292.83	\$278.99	\$280.41	\$255.77	\$238.11	\$244.75	\$234.65	\$268.75
41	\$409.09	\$379.19	\$343.43	\$376.95	\$334.84	\$349.45	\$300.27	\$304.20	\$289.82	\$291.29	\$265.69	\$247.34	\$254.24	\$243.75	\$279.18
42	\$425.19	\$394.12	\$356.94	\$391.79	\$348.02	\$363.20	\$312.08	\$316.16	\$301.22	\$302.75	\$276.14	\$257.06	\$264.23	\$253.33	\$290.16
43	\$441.70	\$409.42	\$370.80	\$407.00	\$361.52	\$377.30	\$324.18	\$328.43	\$312.90	\$314.49	\$286.85	\$267.03	\$274.48	\$263.14	\$301.41
44	\$459.02	\$425.47	\$385.33	\$422.96	\$375.69	\$392.08	\$336.88	\$341.29	\$325.16	\$326.81	\$298.07	\$277.48	\$285.22	\$273.44	\$313.21
45	\$476.74	\$441.89	\$400.19	\$439.28	\$390.18	\$407.21	\$349.87	\$354.45	\$337.69	\$339.41	\$309.57	\$288.17	\$296.21	\$283.98	\$325.29
46	\$495.26	\$459.05	\$415.74	\$456.34	\$405.34	\$423.03	\$363.46	\$368.21	\$350.80	\$352.59	\$321.58	\$299.35	\$307.71	\$295.00	\$337.91
47	\$514.59	\$476.97	\$431.96	\$474.15	\$421.15	\$439.53	\$382.57	\$382.57	\$364.48	\$366.33	\$334.11	\$311.02	\$319.70	\$306.49	\$351.09
48	\$534.73	\$495.63	\$448.85	\$492.70	\$437.62	\$456.72	\$392.39	\$397.53	\$378.73	\$380.66	\$347.17	\$323.17	\$332.19	\$318.46	\$364.81
49	\$555.67	\$515.03	\$466.42	\$511.99	\$454.75	\$474.60	\$407.75	\$413.09	\$393.55	\$395.55	\$360.75	\$335.81	\$345.18	\$330.92	\$379.08
50	\$577.41	\$535.19	\$484.67	\$532.02	\$472.54	\$493.17	\$423.69	\$429.24	\$408.93	\$411.02	\$374.85	\$348.93	\$358.67	\$343.85	\$393.90
51	\$599.96	\$556.08	\$503.59	\$552.80	\$490.98	\$512.42	\$440.23	\$446.00	\$424.89	\$427.06	\$389.48	\$362.54	\$372.66	\$357.26	\$409.27
52	\$623.32	\$577.73	\$523.18	\$574.32	\$510.09	\$547.36	\$457.36	\$463.35	\$441.42	\$443.67	\$404.62	\$376.64	\$387.16	\$371.15	\$425.19
53	\$647.48	\$600.12	\$543.46	\$596.57	\$529.85	\$552.99	\$475.07	\$481.30	\$458.52	\$460.85	\$420.29	\$391.22	\$402.15	\$385.52	\$441.66
54	\$672.85	\$623.63	\$564.74	\$619.95	\$550.61	\$493.68	\$500.14	\$476.47	\$456.74	\$478.90	\$436.74	\$406.53	\$417.89	\$400.61	\$458.95
55	\$699.03	\$647.89	\$586.71	\$644.06	\$572.02	\$597.00	\$512.87	\$519.59	\$494.99	\$497.51	\$453.72	\$422.33	\$434.13	\$416.17	\$476.79
56	\$726.41	\$673.27	\$609.68	\$669.29	\$594.42	\$620.38	\$532.95	\$539.93	\$514.37	\$516.99	\$471.48	\$438.85	\$451.11	\$432.46	\$495.46
57	\$754.60	\$699.39	\$633.34	\$695.26	\$617.48	\$644.45	\$553.62	\$560.87	\$534.32	\$537.04	\$489.76	\$455.87	\$468.60	\$449.22	\$514.67
58	\$784.00	\$726.63	\$658.00	\$722.34	\$641.52	\$669.55	\$575.17	\$582.71	\$555.12	\$557.95	\$508.82	\$473.61	\$486.84	\$466.70	\$534.70
59	\$814.60	\$754.99	\$683.68	\$750.53	\$666.56	\$695.68	\$597.61	\$605.45	\$576.78	\$579.72	\$528.67	\$492.08	\$505.83	\$484.91	\$555.56
60	\$846.42	\$784.48	\$710.37	\$779.84	\$692.58	\$722.84	\$620.94	\$629.08	\$599.29	\$602.34	\$549.30	\$511.28	\$525.57	\$503.82	\$577.25
61	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75
62	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75
63	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75
64+	\$879.44	\$815.08	\$738.08	\$810.26	\$719.59	\$751.04	\$645.15	\$653.61	\$622.66	\$625.83	\$570.71	\$531.21	\$546.05	\$523.46	\$599.75

Product-Plan Data Collection

Company Legal Name:
HIOS Issuer ID:
Effective Date of Rate Change(s):

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
94506
1/1/2014

State: DC
Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product	Small Group HMO On Exchange																Group POS On Excl	Terminated Plan
Product ID:	94506DC035																94506DC036	94506DC034
Market																		HMO
AV Metal Value	0.904	0.885	0.881	0.816	0.782	0.781	0.795	0.714	0.697	0.684	0.695	0.612	0.608	0.591	0.612	0.601		
AV Pricing Value	0.882	0.818	0.740	0.813	0.722	0.753	0.647	0.656	0.624	0.628	0.572	0.533	0.547	0.525	0.547	0.525		
Plan Type:	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO		
Plan Name	KP DC Platinum 0/20/Dental/Sig	KP DC Platinum 500/20/Dental/Sig	KP DC Platinum 1250/10/HSA/HR A/Dental/Sig	KP DC Gold 0/30/Dental/Sig	KP DC Gold 1000/30/Dental/Sig	KP DC Gold 1250/0%/HSA/Dental/Sig	KP DC Gold 1500/30/HSA/HR A/Dental/Sig	KP DC Silver 1250/35/Dental/Sig	KP DC Silver 2000/35/Dental/Sig	KP DC Silver 1500/30/HSA/Dental/Sig	KP DC Silver 2500/30/HSA/HR A/Dental/Sig	KP DC Bronze 4500/50/Dental/Sig	KP DC Bronze 3500/20%/HSA/Dental/Sig	KP DC Bronze 4500/20/HSA/Dental/Sig	KP DC Bronze 4500/50/POS/Dental/Sig	KP DC Bronze 4500/50/POS/Dental/Sig		Terminated Plan
Plan ID (Standard Component ID):	94506DC0350001	94506DC0350002	94506DC0350003	94506DC0350004	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350013	94506DC0350014	94506DC0360001	94506DC0340001		
Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Historical Rate Increase - Calendar Year - 2	0.00%																4.40%	
Historical Rate Increase - Calendar Year - 1	0.00%																6.00%	
Historical Rate Increase - Calendar Year 0	0.00%																7.16%	
Effective Date of Proposed Rates:	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	
Rate Change % (over prior filing)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Cum-Tive Rate Change % (over 12 mos prior)	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	0.00%	
Proj'd Per Rate Change % (over Expir. Period)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-100.00%	
Product Threshold Rate Increase %	0.00%																0.00%	#VALUE!

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	94506DC0350001	94506DC0350002	94506DC0350003	94506DC0350004	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350013	94506DC0350014	94506DC0360001	94506DC0340001
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Average Current Rate PMPM	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76
Projected Member Months	41,445	691	691	691	2,071	2,071	2,071	2,071	5,181	5,181	5,181	5,181	2,591	2,591	2,591	2,591	2,591

Section III: Experience Period Information

Plan ID (Standard Component ID):	Total	94506DC0350001	94506DC0350002	94506DC0350003	94506DC0350004	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350013	94506DC0350014	94506DC0360001	94506DC0340001
Average Rate PMPM	\$321.20																\$321.20
Member Months	46,597																46,597
Total Premium (TP)	\$14,966,804	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$14,966,804
EHB basis or full portion of TP, [see instructions]	0.00%																0.00%
State mandated benefits portion of TP that are other than EHB	0.00%																0.00%
Other benefits portion of TP	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$14,688,584																\$14,688,584
EHB basis or full portion of TAC, [see instructions]	0.00%																0.00%
State mandated benefits portion of TAC that are other than EHB	0.00%																0.00%
Other benefits portion of TAC	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation: Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$1,445,443																\$1,445,443
Portion of above payable by HHS on behalf of insured person, as %	0.00%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	0.00%
Total Incurred Claims, payable with issuer funds	\$13,243,141	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,243,141
Net Amt of Reim	\$0.00																
Net Amt of Risk Adj	\$0.00																
Incurred Claims PMPM	\$384.21	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$384.21
Allowed Claims PMPM	\$315.23	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$315.23
EHB portion of Allowed Claims, PMPM	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	\$0.00

Section IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	94506DC0350001	94506DC0350002	94506DC0350003	94506DC0350004	94506DC0350005	94506DC0350006	94506DC0350007	94506DC0350008	94506DC0350009	94506DC0350010	94506DC0350011	94506DC0350012	94506DC0350013	94506DC0350014	94506DC0360001	94506DC0340001
Average Rate PMPM	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76	\$304.76
Member Months	41,445	691	691	691	2,071	2,071	2,071	2,071	5,181	5,181	5,181	5,181	2,591	2,591	2,591	2,591	2,591
Total Premium (TP)	\$12,630,810	\$210,590	\$210,590	\$210,590	\$631,160	\$631,160	\$631,160	\$631,160	\$1,578,966	\$1,578,966	\$1,578,966	\$1,578,966	\$789,635	\$789,635	\$789,635	\$789,635	\$0
EHB basis or full portion of TP, [see instructions]	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%
State mandated benefits portion of TP that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	100.00%
Total Allowed Claims (TAC)	\$14,059,967	\$234,418	\$234,418	\$234,418	\$702,574	\$702,574	\$702,574	\$702,574	\$1,757,623	\$1,757,623	\$1,757,623	\$1,757,623	\$878,981	\$878,981	\$878,981	\$878,981	\$0
EHB basis or full portion of TAC, [see instructions]	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%	98.49%
State mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	1.51%	100.00%
Allowed Claims which are not the issuer's obligation: Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$4,208,251	\$10,969	\$27,420	\$48,551	\$67,419	\$144,156	\$144,156	\$144,156	\$196,868	\$473,417	\$537,776	\$527,726	\$640,208	\$354,215	\$351,183	\$373,017	\$310,551
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	#DIV/0!
Total Incurred claims, payable with issuer funds	\$9,851,716	\$223,440	\$206,997	\$185,866	\$635,156	\$558,418	\$557,798	\$550,709	\$1,284,206	\$1,219,847	\$1,229,897	\$1,117,415	\$524,766	\$527,798	\$505,964	\$568,430	\$0
Net Amt of Reim	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	\$579,984	\$9,670	\$9,670	\$9,670	\$28,982	\$28,982	\$28,982	\$28,982	\$72,503	\$72,503	\$72,503	\$72,503	\$36,259	\$36,259	\$36,259	\$36,259	\$0

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: KPMA-129029927			
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
Form Number(s) of Plan: KP DC Platinum 0/20/Dental DC-SG-PLATINUM-0-20-DENTAL-HMO-COST(01-14)HIX, DC-SG-PLATINUM-0-20-DENTAL-HMO-RX(01-14)HIX			
	Input Name	Cell in AV Calculator	Input Value Used
Corresponding Page Number in Contract where value can be found			
HSA/HRA Options			
	Annual Contribution Amount	E4	N/A
Narrow Network Options			
	1st Tier Utilization	H4	100%
	2nd Tier Utilization	H5	N/A
Plan Benefit Design			
Tier 1	Deductible (\$) (Medical)	B10	\$0
	Deductible (\$) (Drug)	C10	\$0
	Deductible (\$) (Combined)	D10	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	0%
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	0%
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A
	OOP Maximum (\$)	B12	\$1,500
	OOP Maximum if Separate (\$) (Medical)	B13	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A
	Deductible (\$) (Drug)	G10	N/A
	Deductible (\$) (Combined)	H10	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A
	OOP Maximum (\$)	F12	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A
Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18	N/A
	Emergency Room Services, Copay, if separate	E18	\$100
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$150
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20
	Specialist Visit, Coinsurance, if different	D21	N/A
	Specialist Visit, Copay, if separate	E21	\$30
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$20
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$150
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$30
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$30
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	N/A
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$150
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35	\$100
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36	1
Tier 2	Emergency Room Services, Coinsurance, if different	H18	N/A
	Emergency Room Services, Copay, if separate	I18	N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19	N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	N/A
	Specialist Visit, Coinsurance, if different	H21	N/A
	Specialist Visit, Copay, if separate	I21	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24	N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27	N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	N/A

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		N/A
	Generics, Copay, if separate	E38	\$5	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$15	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	30	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$15	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: KPMA-129029927			
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
Plan Name: DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-14)HIX, Form : DC-SG-PLATINUM-500-20-DENTAL-DHMO-COST(01-14)HIX, DC-SG-PLATINUM-500-20-DENTAL-DHMO-RX(01-14)HIX			
	Input Name	Cell in AV Calculator	Input Value Used
Corresponding Page Number in Contract where value can be found			
HSA/HRA Options			
	Annual Contribution Amount	E4	N/A
Narrow Network Options			
	1st Tier Utilization	H4	100%
	2nd Tier Utilization	H5	N/A
Plan Benefit Design			
Tier 1	Deductible (\$) (Medical)	B10	\$500
	Deductible (\$) (Drug)	C10	\$0
	Deductible (\$) (Combined)	D10	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	0%
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	0%
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A
	OOP Maximum (\$)	B12	\$1,500
	OOP Maximum if Separate (\$) (Medical)	B13	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A
	Deductible (\$) (Drug)	G10	N/A
	Deductible (\$) (Combined)	H10	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A
	OOP Maximum (\$)	F12	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A
Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18	
	Emergency Room Services, Copay, if separate	E18	\$100
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$100
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20
	Specialist Visit, Coinsurance, if different	D21	
	Specialist Visit, Copay, if separate	E21	\$30
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$20
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$50
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$20
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$20
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$100
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35	\$50
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36	
Tier 2	Emergency Room Services, Coinsurance, if different	H18	
	Emergency Room Services, Copay, if separate	I18	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	
	Specialist Visit, Coinsurance, if different	H21	
	Specialist Visit, Copay, if separate	I21	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	
	Rehabilitative Speech Therapy, Coinsurance, if different	H27	
	Rehabilitative Speech Therapy, Copay, if separate	I27	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		N/A
	Generics, Copay, if separate	E38	\$5	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$25	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$25	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Form Number(s) of Plan: KP DC Platinum 1250/10/HSA/HRA/Dental				
DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-PLATINUM-1250-10-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	\$625	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A
	Deductible (\$) (Drug)	C10	N/A	N/A
	Deductible (\$) (Combined)	D10	\$1,250	1
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	0%	N/A
	OOP Maximum (\$)	B12	\$2,500	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		N/A
	Emergency Room Services, Copay, if separate	E18	\$100	3
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$100	2
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$10	2
	Specialist Visit, Coinsurance, if different	D21		N/A
	Specialist Visit, Copay, if separate	E21	\$10	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$10	2
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$50	5
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$10	3
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$10	3
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		5
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33		5
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		N/A
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$100	4
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35	\$50	N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		2
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A	
Rehabilitative Speech Therapy, Copay, if separate	I27		N/A	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A	

	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38		N/A
	Generics, Copay, if separate	E38	\$5	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$25	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$45	6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$25	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: KPMA-129029927			
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
Form Number(s) of Plan: KP DC Gold 0/30/Dental DC-SG-GOLD-0-30-DENTAL-HMO-COST(01-14)HIX, DC-SG-GOLD-0-30-DENTAL-HMO-RX(01-14)HIX			
	Input Name	Cell in AV Calculator	Input Value Used
Corresponding Page Number in Contract where value can be found			
HSA/HRA Options			
	Annual Contribution Amount	E4	N/A
Narrow Network Options			
	1st Tier Utilization	H4	100%
	2nd Tier Utilization	H5	N/A
Plan Benefit Design			
Tier 1	Deductible (\$) (Medical)	B10	\$0
	Deductible (\$) (Drug)	C10	\$0
	Deductible (\$) (Combined)	D10	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	0%
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	0%
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A
	OOP Maximum (\$)	B12	\$5,000
	OOP Maximum if Separate (\$) (Medical)	B13	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A
	Deductible (\$) (Drug)	G10	N/A
	Deductible (\$) (Combined)	H10	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A
	OOP Maximum (\$)	F12	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A
Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18	N/A
	Emergency Room Services, Copay, if separate	E18	\$200
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	\$300
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30
	Specialist Visit, Coinsurance, if different	D21	N/A
	Specialist Visit, Copay, if separate	E21	\$40
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	\$300
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$40
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$40
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	N/A
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	\$300
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35	\$150
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36	N/A
	Emergency Room Services, Coinsurance, if different	H18	N/A
	Emergency Room Services, Copay, if separate	I18	N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19	N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	N/A
	Specialist Visit, Coinsurance, if different	H21	N/A
	Specialist Visit, Copay, if separate	I21	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24	N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27	N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18	N/A
	Emergency Room Services, Copay, if separate	I18	N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19	N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	N/A
	Specialist Visit, Coinsurance, if different	H21	N/A
	Specialist Visit, Copay, if separate	I21	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24	N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27	N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	N/A

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		N/A
	Generics, Copay, if separate	E38	\$15	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$50	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$100	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$50	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48	3	
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Plan Name: DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-14)HIX, Form : DC-SG-GOLD-1000-30-DENTAL-DHMO-COST(01-14)HIX, DC-SG-GOLD-1000-30-DENTAL-DHMO-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$1,000	N/A
	Deductible (\$) (Drug)	C10	\$0	N/A
	Deductible (\$) (Combined)	D10	N/A	1
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	10%	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	0%	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A	N/A
	OOP Maximum (\$)	B12	\$3,500	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18	0%	N/A
	Emergency Room Services, Copay, if separate	E18	\$150	3
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30	1
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$40	1
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30	N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		5
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	4
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30	4
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$30	5
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$30	5
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		2
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		N/A
	Generics, Copay, if separate	E38	\$15	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$45	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$60	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$45	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: KPMA-129029927			
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.			
Form Number(s) of Plan: KP DC Gold HDHP 1250/0%/HSA/Dental DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1250-0%-HSA-DENTAL-HDHP-RX(01-14)HIX			
	Input Name	Cell in AV Calculator	Input Value Used
Corresponding Page Number in Contract where value can be found			
HSA/HRA Options			
	Annual Contribution Amount	E4	N/A
Narrow Network Options			
	1st Tier Utilization	H4	100%
	2nd Tier Utilization	H5	N/A
Plan Benefit Design			
Tier 1	Deductible (\$) (Medical)	B10	N/A
	Deductible (\$) (Drug)	C10	N/A
	Deductible (\$) (Combined)	D10	\$1,250
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	0%
	OOP Maximum (\$)	B12	\$2,500
	OOP Maximum if Separate (\$) (Medical)	B13	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A
	Deductible (\$) (Drug)	G10	N/A
	Deductible (\$) (Combined)	H10	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A
	OOP Maximum (\$)	F12	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A
Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18	
	Emergency Room Services, Copay, if separate	E18	\$200
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	
	Specialist Visit, Coinsurance, if different	D21	
	Specialist Visit, Copay, if separate	E21	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24	
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	
	Rehabilitative Speech Therapy, Copay, if separate	E27	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	
	X-rays and Diagnostic Imaging, Copay, if separate	E33	
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34	
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35	
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36	
Tier 2	Emergency Room Services, Coinsurance, if different	H18	
	Emergency Room Services, Copay, if separate	I18	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19	
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20	
	Specialist Visit, Coinsurance, if different	H21	
	Specialist Visit, Copay, if separate	I21	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24	
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24	
	Rehabilitative Speech Therapy, Coinsurance, if different	H27	
	Rehabilitative Speech Therapy, Copay, if separate	I27	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28	

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38		N/A
	Generics, Copay, if separate	E38	\$15	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$35	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$50	6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$35	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: <u>KPMA-129029927</u>				
Company Name: <u>Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.</u>				
Form Number(s) of Plan: KP DC Gold 1500/30/HSA/HRA/Dental DC-SG-GOLD-1500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-GOLD-1500-30-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	\$750	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A
	Deductible (\$) (Drug)	C10	N/A	N/A
	Deductible (\$) (Combined)	D10	\$1,500	1
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	10%	N/A
	OOP Maximum (\$)	B12	\$5,000	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		4
	Emergency Room Services, Copay, if separate	E18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30	2
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$40	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30	2
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		6
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40	3
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40	3
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		5
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		5
	X-rays and Diagnostic Imaging, Copay, if separate	E33		N/A
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A

	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$50	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0%	N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$50	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Plan Name: DC-SG-SILVER-1250-35-DENTAL-DHMO-COST(01-14)HIX, Form : DC-SG-SILVER-1250-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-1250-35-DENTAL-DHMO-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$1,250	N/A
	Deductible (\$) (Drug)	C10	\$0	N/A
	Deductible (\$) (Combined)	D10	N/A	1
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	20%	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	20%	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	N/A	N/A
	OOP Maximum (\$)	B12	\$5,000	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
Tier 2	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
Tier 1	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
	Medical Benefits			
	Emergency Room Services, Coinsurance, if different	D18	0%	N/A
	Emergency Room Services, Copay, if separate	E18	\$250	3
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$35	1
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$50	1
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$35	2
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		5
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50	4
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$50	4
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	5
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$50	5
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50	5
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A

	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$50	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0%	6
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$50	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Plan Name: DC-SG-SILVER-2000-35-DENTAL-DHMO-COST(01-14)HIX, Form : DC-SG-SILVER-2000-35-DENTAL-DHMO-COST(01-14)HIX, DC-SG-SILVER-2000-35-DENTAL-DHMO-RX(01-14)HIX				
Input Name		Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
Annual Contribution Amount		E4	N/A	N/A
Narrow Network Options				
1st Tier Utilization		H4	100%	N/A
2nd Tier Utilization		H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	\$2,000	N/A
	Deductible (\$) (Drug)	C10	\$0	N/A
	Deductible (\$) (Combined)	D10	N/A	1
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	20%	N/A
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	0%	N/A
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	N/A	N/A
	OOP Maximum (\$)	B12	\$5,000	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
Tier 2	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (% Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
Tier 1	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18	0%	N/A
	Emergency Room Services, Copay, if separate	E18	\$250	3
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$35	1
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$50	1
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$35	2
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		5
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50	4
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$50	4
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32	0%	5
	Laboratory Outpatient and Professional Services, Copay, if separate	E32	\$50	N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33	0%	N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33	\$50	5
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A

	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38		N/A
	Generics, Copay, if separate	E38	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39		N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$50	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40		6
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$50	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Form Number(s) of Plan: KP DC Silver 1500/30/HSA/Dental				
DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-COST-HIX(01-14), DC-SG-SILVER-1500-30-HSA-DENTAL-HDHP-RX-HIX(01-14)				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A
	Deductible (\$) (Drug)	C10	N/A	N/A
	Deductible (\$) (Combined)	D10	\$1,500	1
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	N/A	N/A
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	N/A	N/A
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	20%	N/A
	OOP Maximum (\$)	B12	\$5,000	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
	OOP Maximum if Separate (\$) (Combined)	D13	N/A	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (% Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (% Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (% Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
	OOP Maximum if Separate (\$) (Combined)	H13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		4
	Emergency Room Services, Copay, if separate	E18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30	2
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$40	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30	2
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		6
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40	3
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40	3
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		5
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		5
	X-rays and Diagnostic Imaging, Copay, if separate	E33		N/A
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A

	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
	Drug Benefits			
	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$50	6
Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0%	N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$50	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Form Number(s) of Plan: KP DC Silver 2500/30/HSA/HRA/Dental DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-COST(01-14)HIX, DC-SG-SILVER-2500-30-HSA-HRA-DENTAL-HDHP-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	\$500	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A
	Deductible (\$) (Drug)	C10	N/A	N/A
	Deductible (\$) (Combined)	D10	\$2,500	1
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	20%	N/A
	OOP Maximum (\$)	B12	\$6,400	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		3
	Emergency Room Services, Copay, if separate	E18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$30	2
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$40	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$30	3
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		5
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$40	3
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$40	3
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		5
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		5
	X-rays and Diagnostic Imaging, Copay, if separate	E33		N/A
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$50	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0%	N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40	\$75	6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$50	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Plan Name: DC-SG-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, Form : DC-SG-BRONZE-4500-50-DENTAL-DHMO-COST(01-14)HIX, DC-SG-BRONZE-4500-50-DENTAL-DHMO-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A
	Deductible (\$) (Drug)	C10	N/A	N/A
	Deductible (\$) (Combined)	D10	\$4,500	1
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11	40%	N/A
	OOP Maximum (\$)	B12	\$6,400	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		3
	Emergency Room Services, Copay, if separate	E18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$50	1
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$50	1
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50	N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		5
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	4
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	4
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$50	N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		5
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33		5
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$60	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	6
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$60	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Form Number(s) of Plan: KP DC Bronze 3500/20%/HSA/Dental DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-COST-HIX (01-14), DC-SG-BRONZE-3500-20%-HSA-DENTAL-HDHP-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A
	Deductible (\$) (Drug)	C10	N/A	N/A
	Deductible (\$) (Combined)	D10	\$3,500	1
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	20%	N/A
	OOP Maximum (\$)	B12	\$6,400	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		3
	Emergency Room Services, Copay, if separate	E18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		2
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		N/A
	Specialist Visit, Coinsurance, if different	D21		2
	Specialist Visit, Copay, if separate	E21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		6
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	D27		4
	Rehabilitative Speech Therapy, Copay, if separate	E27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		4
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		5
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		5
	X-rays and Diagnostic Imaging, Copay, if separate	E33		N/A
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A

	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
Drug Benefits				
Tier 1	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$60	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	6
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$60	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
Options for Additional Benefit Design Limits				
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Form Number(s) of Plan: KP DC Bronze 4500/20/HSA/Dental				
DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-COST-HIX (01-14), DC-SG-BRONZE-4500-20-HSA-DENTAL-HDHP-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	N/A	N/A
	Deductible (\$) (Drug)	C10	N/A	N/A
	Deductible (\$) (Combined)	D10	\$4,500	1
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11	30%	N/A
	OOP Maximum (\$)	B12	\$6,400	6
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A	N/A
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11	N/A	N/A
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11	N/A	N/A
	OOP Maximum (\$)	F12	N/A	N/A
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	N/A
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		3
	Emergency Room Services, Copay, if separate	E18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$20	2
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$30	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$20	2
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		6
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$30	3
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$30	3
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		5
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		5
	X-rays and Diagnostic Imaging, Copay, if separate	E33		N/A
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		4
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		N/A
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		N/A
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		N/A
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		N/A
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		N/A
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		N/A
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A

	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		N/A
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$60	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	6
	Non-Preferred Brand Drugs, Copay, if separate	E40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$60	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		N/A
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		N/A
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		N/A
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking				
SERFF Filing #: KPMA-129029927				
Company Name: Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.				
Form Number(s) of Plan: KP DC Bronze 4500/50/POS/Dental, Forms: DC-SG-BRONZE-4500-50-POS-DENTAL-COST(01-14)HIX, DC-SG-BRONZE-4500-50-POS-DENTAL-RX(01-14)HIX				
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding Page Number in Contract where value can be found
HSA/HRA Options				
	Annual Contribution Amount	E4	N/A	N/A
Narrow Network Options				
	1st Tier Utilization	H4	100%	N/A
	2nd Tier Utilization	H5	N/A	N/A
Plan Benefit Design				
Tier 1	Deductible (\$) (Medical)	B10	N/A	1
	Deductible (\$) (Drug)	C10	N/A	N/A
	Deductible (\$) (Combined)	D10	\$4,500	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	B11	N/A	All
	Coinsurance (% , Insurer's Cost Share) (Drug)	C11	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	D11	40%	
	OOP Maximum (\$)	B12	\$6,400	7
	OOP Maximum if Separate (\$) (Medical)	B13	N/A	7
	OOP Maximum if Separate (\$) (Drug)	C13	N/A	N/A
Tier 2	Deductible (\$) (Medical)	F10	N/A	1
	Deductible (\$) (Drug)	G10	N/A	N/A
	Deductible (\$) (Combined)	H10	N/A	N/A
	Coinsurance (% , Insurer's Cost Share) (Medical)	F11	N/A	
	Coinsurance (% , Insurer's Cost Share) (Drug)	G11	N/A	
	Coinsurance (% , Insurer's Cost Share) (Combined)	H11	N/A	
	OOP Maximum (\$)	F12	N/A	8
	OOP Maximum if Separate (\$) (Medical)	F13	N/A	8
	OOP Maximum if Separate (\$) (Drug)	G13	N/A	N/A
Medical Benefits				
Tier 1	Emergency Room Services, Coinsurance, if different	D18		3
	Emergency Room Services, Copay, if separate	E18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	0%	N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	\$50	2
	Specialist Visit, Coinsurance, if different	D21	0%	N/A
	Specialist Visit, Copay, if separate	E21	\$50	2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	0%	N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	\$50	3
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		6
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	D27	0%	N/A
	Rehabilitative Speech Therapy, Copay, if separate	E27	\$50	5
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	0%	N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	\$50	5
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		N/A
	Laboratory Outpatient and Professional Services, Copay, if separate	E32		6
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		N/A
	X-rays and Diagnostic Imaging, Copay, if separate	E33		6
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		5
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		2
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		N/A
Tier 2	Emergency Room Services, Coinsurance, if different	H18		3
	Emergency Room Services, Copay, if separate	I18		N/A
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		2
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		N/A
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		2
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		N/A
	Specialist Visit, Coinsurance, if different	H21		2
	Specialist Visit, Copay, if separate	I21		N/A
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		N/A
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		6
	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		N/A
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		5
	Rehabilitative Speech Therapy, Copay, if separate	I27		N/A
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		5
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		N/A
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		6
	Laboratory Outpatient and Professional Services, Copay, if separate	I32		N/A
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		6
	X-rays and Diagnostic Imaging, Copay, if separate	I33		N/A
	Skilled Nursing Facility, Coinsurance, if different	H34		5
	Skilled Nursing Facility, Copay, if separate	I34		N/A
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		2
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		N/A
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		2

	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		N/A
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0%	N/A
	Generics, Copay, if separate	E38	\$25	6
	Preferred Brand Drugs, Coinsurance, if different	D39	0%	N/A
	Preferred Brand Drugs, Copay, if separate	E39	\$60	6
	Non-Preferred Brand Drugs, Coinsurance, if different	D40	50%	N/A
	Non-Preferred Brand Drugs, Copay, if separate	E40		6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0%	N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	\$60	N/A
Tier 2	Generics, Coinsurance, if different	H38		N/A
	Generics, Copay, if separate	I38		6
	Preferred Brand Drugs, Coinsurance, if different	H39		N/A
	Preferred Brand Drugs, Copay, if separate	I39		6
	Non-Preferred Brand Drugs, Coinsurance, if different	H40		N/A
	Non-Preferred Brand Drugs, Copay, if separate	I40		6
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		N/A
	Specialty Drugs (i.e. high-cost), Copay, if separate	I41		N/A
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		N/A
	Maximum Number of Days for Charging an IP Copay	B48		N/A
	Number of Visits Before Beginning Primary Care Cost-Sharing	B50		N/A
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		N/A